CenCal HEALTH™
The Regional Health Authority

Care Management Referral Form

Please fax to (805) 692-5140

Please print or type information below:

PATIENT INFORMATION

Patient Last Name	Patient First Name	M.I.	Date of Birth

Member ID Number	Full Address	Phone Number

REFERRAL INFORMATION

Referring Physician Last Name	Physician First Name	Phone Number

Fax Number

REASON(S) FOR REFERRAL TO CENCAL HEALTH CARE MANAGER, RN:

- ☐ Medication non-compliance
- ☐ Diabetes
- ☐ Asthma
- ☐ High risk OB
- ☐ Morbid Obesity
- ☐ Catastrophic/Medically Complex Case
- ☐ Psychosocial factors presenting barriers to care
- ☐ Terminal Illness
- ☐ Educational Coaching would benefit patient
- ☐ Other

CLINICAL INFORMATION

X

Signature of person completing form	Fax Number	Date

Thank you for the referral!

April 2009