Children's Mercy
INTEGRATED CARE SOLUTIONS

Referral Form for Case Management and Disease Management

Care Integration Phone: (888) 670-7262

☐ **Pediatric Care Network** (PCN-Medicaid)
Email to: PCNPRECERT@CMPCN.ORG
Fax: "Attn PCN" to 1-888-670-7260

☐ **Children's Mercy Health Network** (CMHN-Commercial: Blue KC)
Email to: LCM@CMICS.ORG
Fax: "Attn CMHN" to 1-888-670-7260

Today's Date: _____ **Member Name:** _____

Member ID: _____

Gender: _____ **Member DOB:** _____

Caregiver Name: _____ **Phone Number:** _____

Referral Source

Office/Clinic Name: _____

Phone: _____ **Fax:** _____

PCP Name: _____

Referral Reason / DX (check all that apply):

Asthma	Behavioral / Psychosocial	Case Management	Diabetes	OB
☐ Missed Appointments ☐ Needs Asthma Education Reinforcement ☐ New Diagnosis ☐ OB member with Asthma ☐ Rx Non-adherence ☐ **OTHER (specify below)**	☐ Assistance with IEP or School-based Services ☐ Limited Support System ☐ Community Resources ☐ Behavioral Health Needs ☐ Domestic Violence ☐ Substance Abuse ☐ Screening Attached ☐ Depression ☐ **OTHER (specify below)**	☐ Autism ☐ Chronic Medical Condition (list: ☐ Complex Medical Needs ☐ Frequent Use of ER Services ☐ Lead Toxicity ☐ Med/Behavioral Health Needs ☐ New Diagnosis **(specify below)** ☐ Non-adherence with Treatment Plan ☐ Premature Birth with Complications ☐ Rx Non-adherence ☐ Special Health Care Needs ☐ Transplant ☐ Weight Management ☐ **OTHER (specify below)**	☐ Pre-diabetes ☐ Type I New Diagnosis ☐ Type I New to Insulin ☐ Type I Recent/multiple DKA Episodes ☐ Type I Uncontrolled ☐ Type II New Diagnosis ☐ Type II New to Insulin ☐ Type I or Type II Recurring Hypoglycemia ☐ Type II Uncontrolled ☐ **OTHER (specify below)**	☐ Chronic Medical Condition Affecting Pregnancy ☐ History of PIH, HELLP, or Fatty Liver of Pregnancy ☐ History of Preterm Labor ☐ HIV ☐ Hyperemesis Gravidarum ☐ Incompetent Cervix ☐ Multiple Birth Pregnancy ☐ Placenta Previa ☐ Substance Abuse ☐ Under Age 18 ☐ **OTHER (specify below)**

Referral Reason / Dx Notes:

Recent Clinical History including: Hospitalizations, Medications, ER Visits, BMI

Barriers to Treatment (check all that apply):

☐ Financial	☐ No Phone	☐ Food Insecurity	☐ Housing	☐ Physical Limitations
☐ Transportation	☐ Lack of Support	☐ Other		