

# NICU / PEDIATRIC CASE MANAGEMENT REFERRAL FORM

HEALTH CHOICE UTAH

HEALTH | CHOICE  
UTAH

To refer a member for case management services,  
please complete and return this form via a secure email or fax to:

**Integrated Care Coordination / Case Management**

**Email: casemanagement@healthchoiceutah.com • Fax: (801) 587-4855**

**Referral Priority:**  **Urgent** (0-7 Days)  **Routine** (10-14 Days)

## MEMBER INFORMATION

Health Choice Member ID:	Member name:	Date of Birth:
Current / Best Phone Number to Reach Member:	Best Time to Call Member:	
Referral Source (Internal, PCP Office, Hospital, Matrix):		
Person Referring:	Person Referring Contact Information:	

Case Management's goal is to promote the member's wellness, autonomy and appropriate use of service and financial resources.

## REASON FOR REFERRAL / CRITERIA (Please check all that apply):

**Emergency Room Visits or Hospitalizations of two (2) or more admissions in less than six months.**

**Chronic Condition** (e.g. Asthma, CHF, COPD, CAD, Diabetes, HTN)

Diagnosis: \_\_\_\_\_

**Specialty Condition** (e.g. MS, Parkinson's Disease, ALS, Lupus, Rheumatoid Arthritis, Cystic Fibrosis, Hemophilia, Sickle Cell Disease)

Diagnosis: \_\_\_\_\_

**Behavioral / Mental Health Needs** (please describe):

\_\_\_\_\_

**Non-Compliance with Treatment / Medications**

**Education on diagnosis, medications and self-management.**

**High Risk OB** (please describe):

\_\_\_\_\_

**Resources for Social Needs / Financial Assistance** (please describe):

\_\_\_\_\_

**Other** (please describe):

\_\_\_\_\_

**NICU - In-Patient**

- Cardiac Defects
- RDS
- Failure to thrive
- < 34 Weeks
- Apnea
- Congenital Defects
- Other:

\_\_\_\_\_

**NICU -Graduate**

- Cardiac Defects
- RDS
- Failure to thrive
- < 34 Weeks
- Apnea
- Congenital Defects
- Other:

\_\_\_\_\_