



Pediatric Care Management Referral Form

Date: _____ Referral Source/Agency: _____

Referral Name & Title: _____

Referral Phone #: _____ Referral Fax #: _____

Patient Name: _____ DOB: _____ Male Female

Parent/Guardian's Name & Phone #(s): _____ #: _____

Parent/Guardian informed of referral: Yes No

Physical Address: _____ County: _____

Primary Language: English Spanish Other (specify): _____

Needs Interpreter: Yes No

For children 0-3 yrs, refer directly to CDSA if concern is primarily developmental

Please include a current list of medications to help us provide more complete services

No Medications

Referrals for Children aged 0 to 5th birthday

Can have any insurance or no insurance

- Medicaid ID: _____ Uninsured Private Insurance
- Asthma: _____ Diabetes: _____
- Child w/ Behavioral Health Concerns: _____ Child in Foster Care Program
- Child who is exposed to toxic stress:
 - Current domestic/family violence Neglect Unsafe/unstable environment
 - Health/safety needs Parental rights terminated in the past
 - Homeless/living in shelter Parent/guardian with substance abuse/mental health condition
- Child with Special Healthcare Needs (chronic (> 12 mos.) physical, behavioral, or emotional condition)
Please specify: _____
- CPS/Foster Care Involved - Phone Number: _____ Needs Medical Home
- Repetitive Use of ED Services/Multiple Hospitalizations Other (Please specify): _____

Referrals for Children aged 5-20 years

Must have Community Care of North Carolina/Carolina ACCESS (CCNC/CA) or NC Health Choice

- Medicaid ID #: _____ Transportation Needs: _____
- Asthma: _____ Diabetes: _____
- Child w/ Behavioral Health Concerns: _____ Child in Foster Care Program
- Child with Special Healthcare Needs (chronic (> 12 mos.) physical, behavioral, or emotional condition)
Please specify: _____
- CPS/Foster Care Involved - Phone Number: _____ Needs Medical Home
- Repetitive Use of ED Services/Multiple Hospitalizations
- Pharmacy/Medication needs: _____
- Other (Please specify): _____

Please call (1-877-566-0943) for referral questions | Fax completed form to (1-833-282-0884)

Visit our website at www.communitycarenc.org

Rev. 5/10/19