



Care Connection for Children

A partner in the Virginia children's special health needs network

FAX Referral Worksheet

*** REQUIRED FIELDS

UVA # (If known):

***Referral Source: _____	***Office Contact _____
***Phone #: _____	***Fax #: _____
***Mailing Address: _____	

***Child's Name: _____	***Primary Diagnosis: _____
***Mailing Address: _____	_____
***County: _____	***Additional Diagnosis: _____
***Home Phone # _____	_____
***Child's Birth Date: _____	_____
***Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	_____

***Family is aware of this referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	***Primary Language Spoken: _____
***Primary Contact: _____	***Is Parent/Guardian fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No
***Relationship: _____	
***Home Phone # _____	
***Email Address _____	
***Work # _____	***Cell # _____

Legal Guardian: _____	Phone # _____
Relationship to client: _____	
Primary Care Physician: _____	Phone # _____
Physician Specialist: _____	Phone # _____

HEALTH CARE COVERAGE (If known) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Healthkeepers Plus	<input type="checkbox"/> InTotal
FAMIS # _____	<input type="checkbox"/> Optima Family Care	<input type="checkbox"/> CareNet
FAMIS PLUS (Medicaid) # _____	<input type="checkbox"/> VA Premier	<input type="checkbox"/> Fee-For Service
	HMO # _____	
	Date Effective: _____	

COMMERCIAL COVERAGE (If known) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Aetna
Insurance Member # _____	<input type="checkbox"/> Anthem-Va Trigon
Group # _____	<input type="checkbox"/> BC/BS
	<input type="checkbox"/> Cigna
	<input type="checkbox"/> Sentara
	<input type="checkbox"/> United HealthCare
	<input type="checkbox"/> Southern Health
	<input type="checkbox"/> Other: _____

Identified Needs:	<input type="checkbox"/> FAMIS
<input type="checkbox"/> Assistance with Insurance	<input type="checkbox"/> Medicaid (FAMIS Plus)
<input type="checkbox"/> Case Management/Care Coordination	<input type="checkbox"/> Educational Services
<input type="checkbox"/> Information/Referral to Community Resources	<input type="checkbox"/> Financial Services (UVA PFS/HSF)
	<input type="checkbox"/> Other

Referrals made to the following:
<input type="checkbox"/> CHIP/Health Dept./WIC
<input type="checkbox"/> Early Intervention
<input type="checkbox"/> Dept of Social Services
<input type="checkbox"/> Social Security Administration
<input type="checkbox"/> Community Service Board

Additional Information:

Date: _____ Signature: _____

FAX TO: Blue Ridge Care Connection for Children 434-924-0390
 For Immediate Response: Telephone: 434-924-0222; Toll Free Telephone # 1-866-596-9367