



Community Health Hub Referral

All referrals should be faxed to:
503-857-0767

Questions? Contact Member Engagement Supervisor at 503-455-8052.

Use this form if you have a patient who needs additional support. You may request a specific service (see back/page 2) or simply describe the patient's needs and we will direct the patient to appropriate care.

PATIENT/MEMBER/INDIVIDUAL BEING REFERRED

Name: _____ DOB: _____

Phone #: _____ YCCO/Medicaid ID #: _____

Physical address: _____ Language: _____

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

Does the member know about this referral? **YES** **NO**

Please provide as much information as possible so that your referral can be assigned to the appropriate resource.
(see back/page 2 for more information.)

- | | |
|---|--|
| <input type="checkbox"/> Frequent ED visits | <input type="checkbox"/> Lack of support system (crisis management, socialization) |
| <input type="checkbox"/> No PCP engagement | <input type="checkbox"/> Chronic disease management |
| <input type="checkbox"/> Dental/ Vision Health need | <input type="checkbox"/> Weight or nutrition management |
| <input type="checkbox"/> Complex health issues | <input type="checkbox"/> Needs MDT discussion (see back/page 2) |
| | <input type="checkbox"/> Other (see back/ page 2) |

Additional information: _____

PERSON MAKING THE REFERRAL

Date of Referral: _____ Your Name: _____

Name of Clinic/Hospital/Organization: _____

Contact Phone #: _____

Preferred Method of Contact (fax # or email address): _____

OFFICE USE ONLY:

Date referral received: _____ Eligible? - Yes / No - If NO, reason: _____
Date this referral forwarded: _____
Forwarded to: MDT coordinator / ENCC/ CHW / Diabetes Prevention Program/ Project ABLE / Self-Management / Pain Clinic / OTQL

Community Health Hub Resources

Patients should meet at least one of the criteria for referral

Check box to refer

<p>Multi-Disciplinary Team</p>	<p>Multiple members of a high-need patient’s care team (primary care, behavioral health, etc.) meet to discuss intensive coordination of care for their patient.</p> <p>Attendance by the person who made the initial referral is encouraged. MDT meetings occur monthly at the CCO offices on the 4th Thursday of the month, 8:30am-10am. Each discussion is estimated to take approximately 15 minutes.</p>	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
<p>Community Health Worker</p>	<p>Community Health Workers partner with members to remove barriers to being healthy, receiving health care, and navigating resources.</p> <p>Criteria for referral</p> <ul style="list-style-type: none"> High utilizer of ED or repeated inpatient hospital stays Has one or more chronic conditions Not engaged with Primary Care Provider 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
<p>Persistent Pain Program</p>	<p>This 8-week program aims to reduce opioid overuse and help patients manage chronic pain in more holistic, effective ways.</p> <p>Criteria for referral</p> <ul style="list-style-type: none"> Patient with chronic pain who is struggling to manage it. <i>Must be 18 years or older</i> 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
<p>Diabetes Prevention Program</p>	<p>One year program for any individuals who are at risk for developing Type 2 diabetes. Program focuses on weight loss and increasing physical activity.</p> <p>Criteria for referral</p> <ul style="list-style-type: none"> Anyone who is at risk for developing type 2 diabetes or overweight/obese Anyone who has a history of gestational diabetes 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
<p>Project ABLE</p>	<p>Project ABLE provides peer, team-based, and phone support to vulnerable patients, as well as employment resources and wellness activities.</p> <p>Criteria for referral</p> <ul style="list-style-type: none"> Are coping with complex health, mental health, or co-occurring disorders Have children with complex health, mental health, or co-occurring disorders May be isolated or lack a support system 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
<p>Tobacco Quit Line</p>	<p>Oregon Tobacco Quit Line offers free phone support and quitting tools.</p> <p>Criteria for referral</p> <ul style="list-style-type: none"> User of any form of tobacco who is 13 or older and ready to quit 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
<p>Student Nutrition and Activity Clinic for Kids</p>	<p>SNACK helps children and families make healthier lifestyle choices by providing one-on-one mentor sessions, education resources, and activities.</p> <p>Criteria for referral</p> <ul style="list-style-type: none"> Child must be 17 years of age or younger. 	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>