

**REFERRAL TO COMMUNITY HOUSE CALLS FOR CASEWORKER
CULTURAL MEDIATOR (CCM) or DIABETES NAVIGATOR**

Please fax 744-9981 Attention: Assist. Nurse Manager. Place original in paper chart.

Out-Patient/Clinic: _____ In-Patient/Unit/Service: _____

Patient Name: _____ DOB: _____

Phone: _____ Address: _____

Language: _____ Religious/Ethnic Information: _____

REASON FOR REFERRAL

Priority status:

High (contact within 3 working days) **Medium** (within 1 week) **Low** (within 2 weeks)

Short-term Issue Long-term Coordination

Referral Discussed with Family? YES NO

Names of Patient Supports

Relationship to Patient

Name and Title Making Referral

Date & Time

Phone/Pager: _____

Email: _____

Comments

****For OUT-PATIENT REFERRALS ONLY**

Primary Care Provider Name: _____

Email: _____

Social Worker Name: _____

Pager/Email: _____

PT.NO

NAME

DOB

Place EPIC Label Within Box

UW Medicine

Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

REFERRAL COMMUNITY HOUSE CALLS



H1428

WHITE – MEDICAL RECORD