

**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