OHSUHealth Services

Care Coordination and Care Management Request Form

Please complete all fields and securely email to ohsuhscareteam@ohsu.edu

Ensure that all information is provided as incomplete requests will not be processed.
Both pages need to be completed or referral will be returned.

Member Information

Member Name: _____ Date: _____

DOB: _____ Member OHP ID: _____ Phone Number: _____

Gender Identification: _____ Pronouns: _____

What language does the member prefer? ☐ English ☐ Spanish ☐ Other: _____

Primary Care Provider (PCP): _____ ☐ N/A

Behavioral Health Provider: _____ ☐ N/A

Is the member independent or dependent with their ADLs? ☐ Independent ☐ Dependent ☐ Unknown

What assistance does the member need regarding ADLs or IADLs (if any)?

_____

Does the member have a caregiver? ☐ Yes ☐ No Name: _____ Phone: _____

Does the member have a caseworker at APD, DHS, or another agency? ☐ Yes ☐ No

Name: _____ Agency: _____ Phone number: _____

Name: _____ Agency: _____ Phone number: _____

Where does the member currently reside? ☐ SNF ☐ AFH ☐ Private residence ☐ Shelter ☐ Houseless

☐ Other: _____

Referral Source Information

Referral Source: _____ Phone: _____

☐ PCP/Specialist ☐ Healthcare Representative ☐ Community Organization ☐ Member ☐ Other

Who is the best person to call to schedule an intake assessment:

Contact Person: _____ Phone Number: _____

Is the member aware of referral? ☐ Yes ☐ No If not, explain: _____

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Referral information

Please provide information regarding referral/member needs and what assistance has been provided:

Advanced Illness Support	
Behavioral Health Support	Please direct to *CareOregon* as the Behavioral Health Plan
Chronic medical condition support	
Community resources ***We cannot assist with finding housing**	
Dental/Hearing/Vision support	
Disease education/management support	
Durable medical equipment (DME) support	
PCP/Specialist access support	
Other needs not noted above	

If there is additional information, please provide here:

For Customer Service Department, if grievance has been submitted, please provide a brief explanation:

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