stmary's
Healthcare System for Children

St. Mary's Community Programs
CENTRAL INTAKE REFERRAL FORM

FAX Referral to **718-281-3987**

Please call 1-800-270-2478 to confirm receipt

OR *email referral to centralintaketeam@stmaryskids.org*

❑ St Mary's Home Care – *Certified Home Health Agency*
❑ St. Mary's Community Care Professionals *(CCP) – Licensed Home Care Services Agency*
❑ St Mary's Care At Home Program *(CAH)*
❑ St Mary's Medicaid Service Coordination *(MSC)*

1) PATIENT INFORMATION

Patient Name (Last, First):				Date of Birth:
Home Address:				
City, State, Zip:				County:
Primary Phone:		Secondary Phone:		SS#
Gender: ❑ Male ❑ Female	Religion:	Race:	Primary Language:	English language for SLP? ❑ Yes ❑ No

2) INSURANCE

1) Name of Ins/Straight Medicaid:	Policy/Medicaid #:	Plan ID:
Policy Holder:	Policy Holder DOB:	Case Mgr/Phone:
2) Name of Ins/Straight Medicaid:	Policy/Medicaid #:	Plan ID:
Policy Holder:	Policy Holder DOB:	Case Mgr/Phone:

Medicare Advantage Plan? ❑ Yes ❑ No

3) REFERRER INFORMATION

Referral Date:	Referrer Name/Title:	Your Facility or Program Name:
Requested Start of Care:	Hospital Discharge Date:	Referrer Phone:

Attending Physician Ordering Home Care:	LIC #:
	NPI #:

Physician's Address:	Phone:	Fax:

4) PARENT/GUARDIAN

Caregiver Name:	Relation to Patient:
Address:	
Home Phone:	Work Phone:
Cell Phone:	

5) EMERGENCY CONTACT

Caregiver Name:	Relation to Patient:
Address:	
Home Phone:	Work Phone:
Cell Phone:	

6) REASON FOR HOME CARE

Diagnosis & ICD 9 Codes:	1)	3)	5)
	2)	4)	6)

Reason: ❑ Therapy until EI Starts ❑ Supplement Therapy at School ❑ RN to Assess for Therapy ❑ PDN for GT / Trach / Other
❑ RN Assess / Instruct Meds / Die t / Hydration / Disease Processes / S&S Problems & Corrective Actions ❑ Other:

7) ALLERGIES/PRECAUTIONS

❑ Latex Allergy	❑ Medication Allergy:	❑ Other Allergy:	❑ Food Allergy:

8) SERVICES PATIENT CURRENTLY RECEIVES:

Early Intervention (EI) Services? ❑ Yes ❑ No	If Yes, specify which EI services: ❑ PT ❑ OT ❑ SLP	Is Patient Schooled at Home? ❑ Yes ❑ No
Receives Services from BOE, CSE or CPSE? ❑ Yes ❑ No	If Yes, specify which services: ❑ PT ❑ OT ❑ SLP	Receives Services from BOE at School or Home? ❑ School ❑ Home

Also Receives:	❑ HHA ❑ PCA Agency:	❑ Care at Home Agency:	❑ Medicaid Service Coordinator Agency:	❑ Private Duty Nurse - PDN Agency:

9) SERVICES REQUESTED:

❑ Skilled Nursing	❑ Physical Therapy	❑ Occupational Therapy	❑ Speech Therapy	❑ MSW	❑ RN to Evaluate for HHA
❑ Private Duty Nurse - PDN	PDN Days/Hours Requested:		❑ HHA / PCA	HHA/PCA Days/Hours Requested:	
❑ Nutrition	❑ Other		After School & Weekend Availability:		

10) PLEASE PROVIDE: ☑ IEP ☑ Discharge Summary ☑ Last Physician Office Visit Clinical Note ☑ Consults

Thank you for your referral to St. Mary's Healthcare System for Children