



MEMBER REFERRAL FORM

Person Referring/Organization _____ Date: _____

Name: _____ Language: _____

Address: _____ Date of Birth: _____

City, Zip Code: _____ Telephone # _____

Caregiver #1 Name: _____ Caregiver #2 Name: _____

Caregiver #1 Phone Number: _____ Caregiver #2 phone Number: _____

Caregiver #1 Email: _____ Caregiver #2 Email: _____

Emergency Contact: Names & Tel No.

Primary Care Giver _____

Second Care Giver _____

MassHealth ID #: _____ Social Security #: _____

MCO Name: _____ ID#: _____

Effective Date of Coverage: _____

Primary Care Physician: _____ Phone: _____

Address: _____ Fax: _____

Date of Last Physical: _____

Date of Last Visit (any reason): _____

Date of Last TB Test: _____



MEMBER REFERRAL FORM

CURRENT MEDICATION LIST

<u>MED</u>	<u>DOSE</u>	<u>ROUTE</u>	<u>FREQUENCY</u>	<u>MED</u>	<u>DOSE</u>	<u>ROUTE</u>	<u>FREQUENCY</u>

Medical Problem: _____

ADL/Personal Care Needs: DAILY PHYSICAL ASSIST OR C & S DURING ENTIRE TASK

Bathing: Independent Dependent Physical Assist Cueing and Supervision

Dressing: Independent Dependent Physical Assist Cueing and Supervision

Toileting/Incontinence Care: Independent Dependent Physical Assist Cueing and Supervision

Ambulating: Independent Dependent Physical Assist Cueing and Supervision

Eating: Independent Dependent Physical Assist Cueing and Supervision

Transferring: Independent Dependent Physical Assist Cueing and Supervision

How long can member be left unsupervised? _____

Behavioral/Cognitive/ Mental Health problems requiring Caregiver assistance up to 24 hours per day (Wandering, verbal/physical abuse, socially inappropriate behavior, resist care).



MEMBER REFERRAL FORM

Home Safety Checklist

Are there any firearms in the house? _____

If yes, is it licensed _____ and where is it stored? _____

Are there any pets in the house? _____ What type of pet(s)? _____

Does anyone in house have medical marijuana license? _____

Is there supplemental oxygen present in the home? _____

Does anyone in the house currently smoke cigarettes? _____

Additional Notes:
