Stony Brook Children's Keeping Families Healthy

Keeping Families Healthy Patient Referral

Referring Provider: _____ **Date of Referral:**_____

Patient Name_____ **DOB:**_____

Sex:_____ **Diagnosis:**_____ **MRN:**_____ **Medicaid Plan:**_____

Caregiver Name:_____ **Caregiver Relationship:** _____

Phone #:_____ **Alternate Phone #:**_____

Please fax or email this form to Giuseppina Caravella, Program Coordinator
Office: 631-444-7307 Fax: 631-444-7865 Email: Giuseppina.Caravella@stonybrookmedicine.edu

Reason for Referral, and goals:

- ☐ Patient has had an asthma related ED visit or hospitalization in the past 12 months
  Goals:
  - ☐ Offer home trigger assessment, asthma education, and tools for self-management
  - ☐ Other:_____
- ☐ Language-limited English proficiency
  Goals:
  - ☐ Teach family how to ask for interpreter and obtain patient materials in primary language
  - ☐ Other:_____
- ☐ Limited cognitive ability
  Goals:
  - ☐ Provide and review patient education materials tailored to cognitive level
  - ☐ Other:_____
- ☐ Transportation Barrier
  Goals:
  - ☐ Teach family how to access available transportation services
  - ☐ Other:_____
- ☐ Insurance problems
  Goals:
  - ☐ Facilitate family's understanding of insurance enrollment and renewal
  - ☐ Other:_____
- ☐ Not keeping or making follow-up appointments
  Goals:
  - ☐ Help family develop a system to keep track of appointments, teach family how to make appointments
  - ☐ Other:_____
- ☐ Family not adhering to medication regimen, not refilling medications in a timely fashion
  Goals:
  - ☐ Teach family how to call pharmacy and provider when needed
  - ☐ Help family develop a system to keep track of medications
  - ☐ Other:_____
- ☐ Other Reason:_____
  Goals:
- ☐ Other:_____