



Integrated Health Care Initiatives Complex Case Management Referral Form

Complex Case Management is designed to assess, plan, implement, coordinate, monitor and evaluate options and services needed to meet an enrollee's chronic complex health (behavioral and physical) and human service needs. Enrollees are chosen for Complex Case Management because of frequent inpatient admissions, frequent visits to the Emergency Department, and because they have complex medical and behavioral needs that are not being resolved using traditional means/resources. Along with this referral form, please include the psychosocial assessment, current LOCUS, medication sheet, and any other clinicals that would be useful in managing this enrollee's care.

Referral Source:

____ Behavioral Health Provider ____ Medical Health Provider/Primary Care Provider
____ DWIHN ____ Self-Referral
____ Other (specify): _____

Name of Facility/Agency/Referral Source: _____

Telephone #: _____

Fax #: _____

Enrollee Name: _____ **Date of Birth:** _____

Enrollee Telephone #: _____

Reason for Referral:

Please fax completed form to: 313-989-9529

Please send via secure email to: pihpccm@dwihn.org

For DWIHN USE:

Date Referral Received: _____

Case Assigned To: _____

Date Referral Assigned: _____