



# Women's Health Care Coordination Referral Form

Texas Children's Health Plan provides Care Coordination services to help providers manage pregnant mothers with substance use disorder during and after pregnancy. The goal is to improve maternal and fetal health outcomes by coordinating resources and referrals for members with substance use disorder. Upon referral, our service coordinator will attempt to reach the member. If the member accepts Service Coordination, a service plan is formulated. If the member accepts or declines services, the service coordinator will notify the referral source.

Referral Date: \_\_\_\_\_

## Patient Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

Medicaid ID #: \_\_\_\_\_

Referred by: \_\_\_\_\_

Phone #: \_\_\_\_\_

Obstetrician/Midwife/MFM: \_\_\_\_\_

Fax #: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ EDD: \_\_\_\_\_

Current services (if known): \_\_\_\_\_

Has the patient been informed that a referral was being submitted?      Yes      No

**Please fax this referral form and any additional clinical information to:**

**Women's Health Care Coordination**

**Fax: (832) 825-8745**

**Phone: (832) 825-1540**

**Email: [casemanagementphysicianreferral@texaschildrens.org](mailto:casemanagementphysicianreferral@texaschildrens.org)**