



Complex Case Management Referral Form

Complex Case Management is designed to assess, plan, implement, coordinate, monitor and evaluate options and services needed to meet a member's chronic complex health (behavioral and physical) and human service needs. Persons are identified 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 biopsychosocial assessment, current LOCUS or SIS Assessment, medication sheet, and any other clinical documents that would be useful in managing this member's care.

Date: _____

Referral Source:

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

Name of Facility/Agency/Referral Source:

Telephone #: _____

Fax #: _____

Member Name: _____ **Date of Birth:** _____

Member 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:** _____