Sample — Referral Form - TEAM Institute

The TEAM Referral and Case Summary Forms

TEAM and CREST REFERRAL FORM

Referral Type: (please circle one or both) TEAM CREST

To: TEA	M office	From:	Adult Protective Services
Office Phone:		Unit# Date:	
Fax:		Worker	
Clinic Phone:		Phone:	
Triage pager:		Fax:	
E-Mail:			
Client:			Impact #:
Client Address:			Zip Code:
Clinic Phone # Client SS #	T - NC	T FOR	DIS BEMINATIO
Living Arrangements:	PCH Home	Lives Alone	With Others
Contact Person:		Phone:	
	YES NO	D <u>New Referral</u>	
Meals on Wh	eels		
CCAD			
Metro-Lift			
Food Stamps			
QMB			
Gold Card			

Reason for Referral: Limited to 1300 characters

Medicare -	Yes	No	# NA		Functional Status:		
Medicaid -	Yes	No	# NA		Ambulatory -	Yes	No
Home Health	Agency -	Yes	No		Wheelchair -	Yes	No
Name:					Cane/Walker -	Yes	No
Agency #					Language:		
Phone #					English	Spanish	
					Other	Race Ca	ucasian
D	RAI	ET .	- NOT	FOR	DISSE	MIN	ATIO

Gold Card Information: Ms. Shirley Harrison – 713.873.3832 Requirements:

- 1. Medicare card and the award letter and picture I.D. or marriage license
- 2. Medicaid Letter
- 3. Last 3 Bank Statements
- 4. Two utility bills: HL&P, telephone or gas

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