Jefferson Health Plans

Member Intervention Referral Form

Referral Date: Click or tap to enter a date.

Member Information

Member Name: Click or tap here to enter text.	Date of Birth: Click or tap to enter a date.
Member ID #: Click or tap here to enter text.	Best Contact Phone Number(s):Click or tap here to enter text.
Preferred Language: Click or tap here to enter text.	Preferred Pronoun(s): Click or tap here to enter text.
Parent/Guardian/Caregiver (if applicable):Click or tap here to enter text.	Is member aware of this referral? ☐ Yes ☐No

Provider Information

Provider Name: Click or tap here to enter text.	Role in member's care team: ☐ PCP ☐ Specialist
Office Contact Name: Click or tap here to enter text.	Contact email: Click or tap here to enter text.
Contact Phone #: Click or tap here to enter text.	Contact Fax #: Click or tap here to enter text.
Follow up preference: ☐ Call ☐ Email ☐Fax	Best time to call back: Click or tap here to enter text.

Current Medical Condition(s)	Reason(s) for Referral
☐Asthma ☐Congestive Heart Failure ☐COPD Diabetes: ☐Type 1 ☐ Type 2 ☐ Gestational Disability: ☐Developmental ☐ Intellectual ☐Physical ☐Other (Please specify): Click or tap here to enter text. ☐Elevated Lead Level ☐Epilepsy/seizures ☐Hepatitis C ☐ Hypertension ☐ Kidney Disease	☐Assist with locating specialty provider Assist with identifying community resources: ☐Financial ☐Food ☐Legal Assistance ☐Utility Assistance ☐Baby Partners- Perinatal CM Program Estimated delivery date: Click or tap to enter a date. ☐Behavioral Health/Crisis follow up (recent suicide attempt or bereavement support) ☐Caregiver Resources ☐DME-Unmet needs ☐Fitness benefit information ☐Gaps in Care ☐Maternal Home Visiting (Parental Support Program) ☐Medication non-adherence ☐Nutritional counseling ☐Postpartum Home Visit ☐Psychosocial supports- lack of ☐Transportation- lack of reliable transportation ☐Other (please describe): Click or tap here to enter text.

Additional Information

Click or tap here to enter text.

Please send the completed form to:
Email: ClinicalConnections@jeffersonhealthplans.com or Fax: 215-845-4181
For additional assistance or to follow-up on your referral please call:
Clinical Programs Provider Referral Line - 215-845-4797