HCP Connecting Kids with Care for Children and Youth with Special Health Care Needs | DENVER HEALTH est. 1860 FOR LIFE'S JOURNEY | JEFFERSON COUNTY COLORADO Public Health | Tri-County Health Department

HCP REFERRAL FORM

SOURCE INFORMATION			DATE:
Individual Completing Form:		Organization & Title:	
Phone:	Fax:	E-Mail:	

Care Coordination Needs: ☐Community-based Information/Resource ☐HCP Care Coordination

Reason for Referral:

Known Medical Conditions:

CLIENT INFORMATION		
Last Name:	First:	Birth Date:
Gender:	Primary Language:	Insurance:

CLIENT'S PHYSICIAN INFORMATION		
Primary Care Provider:	Phone:	Fax:

FAMILY MEMBER/GUARDIAN HOUSEHOLD INFORMATION	
Last Name:	First:

Relationship to Client: ☐Mother ☐Father ☐Grandparent ☐Legal Guardian ☐Foster-Parent ☐Other:

Primary Language Spoken:			Interpreter Needed: ☐Yes ☐No	
Mailing Address:	Street:	Apt. #:	City:	Zip Code:
County:	Alternate Address:			
Phone Number (preferred): ☐Home ☐Cell ☐Work			Phone Number (alternate): ☐Home ☐Cell ☐Work	
E-Mail:			Family Notified of Referral: ☐Yes ☐No	

Referral Sent to Local HCP Office For additional local public health agency contact info: www.hcpcolorado.org

Denver HCP: 303-602-6765 (p); 303-436-4798 (f) – Molly Benkert, RN

Jefferson County HCP: 303-239-7006 (p); 303-239-7088 (f)—Laureen Mooney

Tri-County HCP: 303-517-0427 (p); 303-761-1528 (f); secure email: HCPreferrals@tchd.org – Anne Brack, RN

Agency Name:	Date Sent:

HCP USE ONLY:

Referral Source Follow-up: ☐Verbal ☐E-mail ☐Referral Feedback Faxed **Date:**

CC Name: **CDS#:** **MR#:**

updated 10.14.21