



Older Adults, Healthy Results REFERRAL FORM

**Please fax all referrals to:
510-273-3700**
For questions, please call 510-577-7037

Older Adults, Healthy Results is a home-visiting, public health nurse case management program that works with clients who are having trouble managing complex health conditions due to psychosocial challenges.

Eligibility criteria:

- 60 years of age or older
- Medi-Cal eligible
- Medically complex (2+ medical conditions)
- At least one functional impairment
- Have decision-making capacity (or surrogate)
- Agree to accept case management services

We do NOT accept the following referrals:

- Primarily psychiatric or substance abuse needs
- Have a need for urgent or daily intervention
- In need of placement to a higher level of care
- End-stage of disease and need palliative care
- Already receiving comprehensive case management
- Berkeley residents (Refer to City of Berkeley Aging Services)

****Note: There may be a delay between referral and intake. Older Adults, Healthy Results maintains a waitlist.
Referred clients will be contacted when space is available****

Client name:		Phone:	
		DOB:	
Contact person:		SSN:	
Phone:		Preferred language:	
Address: _____			
Street	City	State	Zip

Problems to be addressed:
Desired goals for RN case management:
Other referrals made/services currently received: <input type="checkbox"/> VA <input type="checkbox"/> IHSS <input type="checkbox"/> Regional Center <input type="checkbox"/> Non-nurse case management <input type="checkbox"/> Other: _____ <input type="checkbox"/> APS <input type="checkbox"/> MSSP <input type="checkbox"/> Home health <input type="checkbox"/> Specialty mental health _____

MEDICAL CONDITIONS:	Medical provider:	Phone:
		Fax:
	Insurance:	MediCal managed care plan:
	<input type="checkbox"/> Medi-Cal - SOC: \$ _____	<input type="checkbox"/> Alameda Alliance for Health
	<input type="checkbox"/> Medi-Cal/Medicare	<input type="checkbox"/> Anthem Blue Cross
Behavioral health condition:	COVID Vax status: <input type="checkbox"/> Fully vax'd → <input type="checkbox"/> booster <input type="checkbox"/> no booster <input type="checkbox"/> Unvaccinated	

Referrer Name:	Phone:
Affiliation/agency:	Fax:

****REQUIRED: PLEASE INCLUDE A PROBLEM LIST, RECENT CLINIC NOTE OR DISCHARGE SUMMARY, AND LIST OF MEDICATIONS****