



# Johns Hopkins Employer Health Programs (EHP) Care Management Services Referral Form

FOR PROVIDER USE ONLY

7231 Parkway Drive  
Suite 100  
Hanover, MD 21076

Complete this form and fax to the Care Management department at 410-424-4885.

You will receive confirmation once processed.

Questions? Call the Clinical Screening department at 1-800-557-6916.

*\*Required*

<b>Member information:</b>			
*Date:	*Referring provider/ Care manager:		
*Member name:	*Referring phone:		
*Member ID#:	Emergency contact:		
*Member phone:	Emergency contact phone:		
*Member address:	City:	State:	Zip:

**Services requested:**

**Health Promotion and Wellness**

- Health Education
- Health Coach

**Case Management Programs**

- Complex Case Management (*Peds & Adults*)
- End Stage Renal/ Integrated Renal Solutions
- Partners with Mom (*Maternity*)

**Detailed reason for referral:**

<b>Care Management Services Follow-up Completed</b>	
FOR INTERNAL USE ONLY	
<input type="checkbox"/> Contact made with member	
<input type="checkbox"/> Referral forwarded to	Department:
<input type="checkbox"/> Next steps	
<input type="checkbox"/> Follow up needed	
Care Management representative:	Date:
Notes:	