



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

FOR PROVIDER USE ONLY

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.

7231 Parkway Drive
Suite 100
Hanover, MD 21076

**Required*

Member information:			
*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:

Care Management Services Follow-up Completed 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:	