

Health Choice  
Pediatric / NICU Case Management Referral Form

\*\*\*Please send to\*\*\*

Pediatric / NICU Case Management  
[peditricscmhch@iasishealthcare.com](mailto:peditricscmhch@iasishealthcare.com)  
Enter priority on subject line (Routine or Urgent)  
Fax (480) 317-3358

Referral Priority:

Urgent (0 - 2 days)       Routine (1-5 days)

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
ID Number: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
PCP: \_\_\_\_\_ PCP Phone: \_\_\_\_\_  
PCP Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Case Management's goal is improvement in patient outcomes and satisfaction, high quality care and cost effectiveness of outpatient care, and appropriate utilization of inpatient stays.**

Please check any of the following criteria:

- ER visits or admits (2+ a month)
- Chronic diagnosis or
- Behavioral / mental health
- Non-compliance with treatment / medications
- ADL / financial or social problems
- Education need

NICU - In-patient

Cardiac Defects	Apnea
RDS	Congenital defects
Failure to thrive	Other:
< 34 Weeks	

NICU - Graduate

Cardiac Defects	Apnea
RDS	Congenital defects
Failure to thrive	Other:
< 34 Weeks	

Why is member being referred to Case Management?

Diagnosis:

(HC) Person Referring: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Who called HC about this referral? \_\_\_\_\_ Phone: \_\_\_\_\_

Case Management findings and follow-up notes: