



Community Health Worker/Case Management Referral Follow-Up

This is a resolution of a Community Health Worker or Case Management referral received from your office.

Date: _____

MEMBER INFORMATION

First Name: _____

Last Name: _____

Member ID: _____

Date of Birth: _____

REFERRAL INFORMATION

Date of Referral: _____

Provider Name: _____

Referral Reason: _____

OUTCOME

Date(s) of Outreach Attempts:

RESOLUTION

OUTREACH STAFF

Name: _____

Phone _____

► Please contact the Outreach Staff with any questions regarding this resolution.