

CHW Referral Template

1. Clinic:
2. Resident PCP:
3. Attending:
4. Age and summary of chronic medical and behavioral health conditions:
5. Known social stressors and/or barriers to care:
6. Number of ED/UC visits in last 1 year:
7. Number hospitalizations in last 1 year:
8. Reason for referral / goals for patient:
9. Has patient been consented prior to referral? (required)
10. Are there any other concerns or anything else the CHW should be aware of before the initial home visit?