



Optum Idaho Field Care Coordination Referral Form

Date:

Organization/Provider:

Name of Person making referral:

Best person to contact regarding this referral(if different than above):

Relationship to Member:

Phone:

Email address:

Mbr notified of referral: Yes No

Member Name:

Member ID:

BH Diagnoses :

Region where member lives: 1 2 3 4 5 6 7

Member's and/or Guardian's Contact Information:

Reason for Referral:

Identified Risk Factors:

Number of inpatient admissions in the past 12 months:

Is Member impacted by any of the following? (Check all that apply) :

- Child Protection Hospitalizations Coordinaton of Care Concerns
- Children's Mental Health Probation/Legal Developmental Disabilities
- Special Education/IEP Medication Concerns Substance Abuse
- Suicide Risk Disengagement from treatment
- Lack of natural support Medical conditions
- Current Outpatient Commitment
- Other (Please describe) _____

Please submit referrals to:

Email: Optum.idaho.fcc@optum.com

Fax # 888-891-1232