

Community Care of Wake and Johnston Counties (CCWJC)
&
Care Coordination for Children (CC4C)
Pediatric Care Management Referral Form – fax completed form to (919) 723-9382

Date: _____ Patient Name: _____ DOB: _____

Male Female Parent/Guardian informed of referral: Yes No

Parent/Guardian's Name & Phone #(s): _____

Physical Address: _____ County: _____

Primary Language: English _____ Spanish _____ other (specify): _____

Needs Interpreter: Yes No

Referral Source-Person: _____ (MD, RN, SW, RPh, Other) **please circle**

Agency _____ Phone: _____ Fax: _____

For children 0-3yrs, refer directly to CDSA if concern is primarily developmental

Please include a current list of medications to help us provide more complete services

No Medications

Referrals for Children aged 0 to 5th birthday – can have any insurance or no insurance

- Medicaid ID: _____ Uninsured Private Insurance
- Asthma _____ Diabetes _____
- Child w/Behavioral Health Concerns _____ Child in Foster Care Program
- Child who is exposed to toxic stress (**circle one**: current domestic/family violence, health/safety needs, neglect, unsafe/unstable environment, homeless/living in shelter, parent/guardian with substance abuse or mental health condition, parental rights terminated in the past)
- Child with Special Healthcare Needs (chronic (> 12 mos.) physical, behavioral, or emotional condition) (Please specify) _____
- CPS/Foster Care Involved – Phone Number _____
- Repetitive Use of ED Services/Multiple Hospitalizations Needs Medical Home
- Other (Please specify): _____

Referrals for Children aged 5-20 years (Must have Community Care of North Carolina/Carolina ACCESS (CCNC/CA) or NC Health Choice)

- Medicaid ID #: _____ Transportation Needs _____
- Asthma _____ Diabetes _____
- Child w/Behavioral Health Concerns _____ Child in Foster Care Program
- Child with Special Healthcare Needs (chronic (> 12 mos.) physical, behavioral, or emotional condition) (Please specify) _____
- CPS/Foster Care Involved – Phone Number _____
- Repetitive Use of ED Services/Multiple Hospitalizations _____
- Pharmacy/Medication needs _____
- Other (please specify) _____

Please call (919) 792-3638 for referral questions