Phone: (916) 374-7739 Fax: (916) 394-5295

PARTICIPANT REFERRAL FORM

California Health Collaborative - Multipurpose Senior Services Program (MSSP)

Prior MSSP Client: ☐ **Active MSSP Transfer:** ☐ **High Priority:** ☐

County: ☐ **Sacramento** ☐ **Placer** ☐ **Yolo** ☐ **Yuba** ☐ **El Dorado** **Sutter**

Referral Date: **Intake By:**

Last Name: **First Name:** **Phone:**

Street Address: **City:** **Zip:**

DOB: **Age:** **Gender:** **Lives Alone:**

Contact Person & Relationship: **Phone:**

Medi-Cal #:

SS#: **IHSS Hours**:

Language Spoken: **Informal Interpreter:**

Communication Challenges, if known:

☐ **Participant is aware of the referral** ☐ **Participant is amenable to case management**

Referral Agency & Name: **Phone:**

PCP Name: **Phone:**

List any recent Hospitalizations/Rehab/SNF stays:

☐ **Hx of Falls** **Describe any recent:**

Participant Needs:

☐ More help with care
☐ Home Delivered Meals
☐ Transportation
☐ Durable Medical/Safety Equipment
☐ Emergency Response System
☐ Legal Resources
☐ Other:
☐ Increased Socialization
☐ Incontinent Supplies/Supplements
☐ Caregiver Support/Respite
☐ Medication Assistance/Oversight
☐ Low-income Housing Resources:

Internal Use Only

If High Priority, a MSSP Transfer, or Former MSSP Client – move to the top of the list.

Complete Rescreen Tool with Referral form.

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ADL/IADL Scoring: 1 – Independent 2 – Verbal Cues 3 – Some Human Assist 4 – Hands-on Assist 5 – Dependent 6 – Para-medical *Level of help needed for safe level of functioning, not what the client is doing.		**Diagnoses:** ☐ Heart Disease ☐ Arthritis ☐ Asthma/COPD ☐ Congestive Heart Failure ☐ Hypertension/High BP ☐ Diabetes – Non-Insulin ☐ Diabetes – Insulin ☐ Cognitive Impairment ☐ Vision loss/Blindness	☐ Hearing Deficit/Deafness ☐ High Cholesterol/Hyperlipidemia ☐ Hx of Heart Attack/MI ☐ Hx of Stroke/CVA/TIA ☐ Parkinson's/Tremors ☐ Requires Oxygen ☐ Paralysis – ☐ Amputation - ☐ Other:
	#	Enter Brief Comments Below	
Eating (risk for choking, help with feeding, tube fed, etc.)		6 if tube fed	
Dressing (choosing appropriate clothes, putting clothes on safely, etc.)			
Transferring (getting up & down from chair/ bed, hx of falls?)		6 if Hoyer lift	
Mobility (cane, walker, manual or power chair, falls?)			
Bathing (getting in/out, washing hair, legs, back, feet)			
Toileting: (risk for infection, help w/ clean up, etc.)		6 if on Dialysis or Urostomy/Colostomy bag	
Grooming (foot & nail care, oral care & hair care)		6 if Diabetic	
Household Chores (basic housework, meal prep.)			
Managing Medication (ordering, picking up, dispensing, etc.)		6 if peg tube/IV	
Money Management (tracking & paying bills)		☐ Has POA for Finances ☐ Has DPOA for Healthcare	

Additional Comments - Additional information that may be helpful: