

REFERRAL FORM

Please complete the entire referral form in order to ensure seamless collaboration between Mendonoma Health Alliance and your agency. Referral forms can be sent via secure fax to Mendonoma Health Alliance at (707) 412-3196 or delivered in person to our front desk by the patient or referring provider. A Release of Information form is **required** with every referral.

Patient Information											
Patient Name			DOB								
Date of Referral			Phone #								
Patient Email											
Patient Address											
Parent/ Guardian Phone #											
Referring Provider Information											
Name											
Practice/ Organization Name											
Direct Phone #		Secure Fax #									
_	receive follow-up notes from Mendo	noma	□ Yes □ No								
	garding our work with your patient?	1									
If yes, please provide preferred method of receiving fol information?			☐ Phone Call ☐ Secure Email								
			☐ Secure Fax ☐ Other:								
Additional Info (o)	ptional)										
Referring patient for the following services:											
☐ Enrollment	in "Matter of Balance" Class		Community Supports (Medi-Cal patients)								
☐ Enrollment in "Healthy Living with Diabetes"			Care Transitions								
or "Healthy Living with Chronic Pain" Class			Care Coordination								
☐ Peer Recovery One-On-One Sessions			CalFresh Enrollment								
☐ Peer Recovery Group Meetings											
			☐ Access to food☐ Medi-Cal Enrollment☐ Emergency Generator								
	☐ Glucometer Consultation & Free Glucometer										
☐ Blood Pressure Cuff Consultation & Free Cuff											
☐ Access to Transportation			☐ Access to free Health Management Resource								
☐ Telehealth Access Point			Please list requested resources:	S .							
☐ Enhanced (Care Management										
(Medi-Cal				_							
				_							

	Relevant Medical Info	mation	:						
Has a Release of Information been completed with this referral? (Please attach if not on file.)			Yes		No		Already on file for this patient		
Reason for referral:									
-	has provided verbal or written consent vices listed on this form: Yes	for Men No	donoi	na Healt	h Allia	ance to	reach out to		
Signature of Referring Provide	er	Dat	e						
	Services Definition	ng .							
Matter of Balance	8-week fall prevention class focused on c with falling. Includes exercising to impro	ognitive l							
Healthy Living Class	6-week class focused on helping people s								
Peer Recovery One-On-One	One-on-one meeting with a Peer Recover					ry from	addiction.		
Peer Recovery Support Group									
Glucometer Consultation	30-minute educational session on proper use of glucometer and how to log results								
BP Cuff Consultation	30-minute educational session on proper use of blood pressure cuff and how to log results								
Access to Transportation	Coordination of local and out-of-town transportation for medical appointments. All ride requests must be placed at least 72-hours in advance.								
Telehealth Access Point MHA staff can assist patients in connecting to telehealth appointments at our o				our offi	ice.				
Enhanced Care Management									
Community Supports	Housing navigation and housing sustaina	bility serv	ices.	Available	for Me	edi-Cal e	eligible patients.		
Care Transitions 30-day program that assists patients with a safe transition back home from the hospital.									
Care Coordination	Healthcare management that involves organizing and facilitating the delivery of healthcare services to ensure that a patient's needs are met in a comprehensive and efficient manner. The goal of care coordination is to enhance the quality and continuity of care, improve patient outcomes, and optimize the use of healthcare resources. Services are free, regardless of income.								
CalFresh Enrollment	Assistance with enrollment in the government food benefit program. Must be income eligible.								
Access to Food	Access to basic food essentials to help in emergencies and when families or individuals are experiencing food insecurity.								
Medi-Cal Enrollment	Assistance with enrolling for health insurance coverage for low-income people or families.								
Emergency Generator	Generators are provided for free to patients that need electricity for life-sustaining medical devices during a temporary or long-term power outage. Patient will also receive safety instruction for proper use. Patient must be able to pay for the fuel associated with running the generator, unless other funding arrangements have been made with MHA.								
Access to Health Management Distribution of resources that help improve the health and wellness of individuals in the									
Resources	community and the community at-large.	All resour					es include:		
	Portion plate & measuring cups			Medication		_			
	• Scale			Fentanyl		ips			
	• Pill box			Pulse oxi					
	 Narcan 		•	COVID a	ıt-home	etests			

Durable Medical Equipment