



REFERRAL TRACKING

* CLIENT: _____
 * LAST NAME * FIRST NAME Middle

* SERVICE NEED * CATEGORY / SERVICES:

- 100 MEDICAL / HEALTH
- | | | |
|--|---|--|
| <input type="checkbox"/> 010 ACUTE CARE - DAC | <input type="checkbox"/> 080 TB TREATMENT / D.O.T. | <input type="checkbox"/> 122 COMPLEMENTARY / ALTERNATIVE THERAPY |
| <input type="checkbox"/> 011 ACUTE CARE - NON DAC | <input type="checkbox"/> 090 CLINICAL TRIALS | <input type="checkbox"/> 123 PHARMACY SERVICES |
| <input type="checkbox"/> 012 PRIMARY CARE - PRIVATE MD | <input type="checkbox"/> 110 COLLATERAL / FAMILY MEDICAL CARE | <input type="checkbox"/> 124 LABORATORY SERVICES |
| <input type="checkbox"/> 020 PRIMARY CARE - CLINIC | <input type="checkbox"/> 120 HIV COUNSELING & TESTING | <input type="checkbox"/> 125 LIVER BIOPSY |
| <input type="checkbox"/> 040 RESIDENTIAL SKILLED NURSING | <input type="checkbox"/> 121 HOSPICE | <input type="checkbox"/> 210 PREGNANCY TESTING |
| | | <input type="checkbox"/> 999 OTHER MEDICAL / HEALTH |

- 110 SPECIALTY MEDICAL CONSULTS
- | | | |
|---|---|--|
| <input type="checkbox"/> 010 INFECTIOUS DISEASE | <input type="checkbox"/> 060 OPHTHALMOLOGY | <input type="checkbox"/> 140 CARDIOLOGY |
| <input type="checkbox"/> 020 OBSTETRICS | <input type="checkbox"/> 070 DERMATOLOGY | <input type="checkbox"/> 150 ENDOCRINOLOGY |
| <input type="checkbox"/> 025 GYN: PRENATAL | <input type="checkbox"/> 080 NEUROLOGY | <input type="checkbox"/> 160 NEPHROLOGY |
| <input type="checkbox"/> 026 GYN: FAMILY PLANNING | <input type="checkbox"/> 090 SURGERY | <input type="checkbox"/> 170 OTOLARYNGOLOGY
(OTORHINOLARYNGOLOGY) |
| <input type="checkbox"/> 027 GYN: GENERAL CARE | <input type="checkbox"/> 100 GASTROENTEROLOGY | <input type="checkbox"/> 180 PODIATRY |
| <input type="checkbox"/> 030 RADIOLOGY | <input type="checkbox"/> 110 PULMONOLOGY | <input type="checkbox"/> 190 UROLOGY |
| <input type="checkbox"/> 040 PEDIATRICS | <input type="checkbox"/> 120 ONCOLOGY | <input type="checkbox"/> 200 GYN: HIV POST PARTUM CARE |
| <input type="checkbox"/> 050 ADOLESCENT MEDICINE | <input type="checkbox"/> 130 PSYCHIATRY | <input type="checkbox"/> 210 ORTHOPAEDICS |

- 120 THERAPEUTIC SERVICES
- | | | |
|---|---|---|
| <input type="checkbox"/> 010 OCCUPATIONAL THERAPY | <input type="checkbox"/> 020 PHYSICAL THERAPY | <input type="checkbox"/> 030 REHABILITATION |
|---|---|---|

- 130 ADULT DAY HEALTH CARE
- 50 ADULT DAY HEALTH CARE

- 140 CASE MANAGEMENT
- 060 CASE MANAGEMENT

- 150 MEDICAL CASE MANAGEMENT
- 200 MEDICAL CASE MANAGEMENT

- 160 DENTAL CARE
- | | |
|---|--|
| <input type="checkbox"/> 010 DENTAL SURGERY | <input type="checkbox"/> 030 PROPHYLATIC CARE / CLEANING |
| <input type="checkbox"/> 020 ORTHODONTICS | <input type="checkbox"/> 040 DENTAL CARE |

- 170 HOME HEALTH CARE
- | | |
|---|--|
| <input type="checkbox"/> 010 HOME HEALTH AIDE | <input type="checkbox"/> 030 TRANSITIONAL HOME HEALTH CARE |
| <input type="checkbox"/> 020 LONG TERM HOME HEALTH CARE | <input type="checkbox"/> 040 HOSPICE HOME HEALTH CARE |

- 180 TREATMENT ADHERENCE
- | | |
|---|--|
| <input type="checkbox"/> 010 TREATMENT ADHERENCE COUNSELING | <input type="checkbox"/> 020 TREATMENT ADHERENCE EDUCATION |
|---|--|

- 200 EDUCATION / EMPLOYMENT
- | | |
|---|---|
| <input type="checkbox"/> 010 G.E.D. | <input type="checkbox"/> 030 JOB PLACEMENT / TRAINING |
| <input type="checkbox"/> 020 HIV / AIDS EDUCATION | <input type="checkbox"/> 999 OTHER EDUCATION / EMPLOYMENT |

- 200 HEALTH EDUCATION / RISK REDUCTION
- | | |
|---|--|
| <input type="checkbox"/> 010 GROUP SERVICES | <input type="checkbox"/> 020 INDIVIDUAL SERVICES |
|---|--|

- 300 FINANCIAL / ENTITLEMENTS
- | | | |
|--|--|---|
| <input type="checkbox"/> 010 PUBLIC ASSISTANCE | <input type="checkbox"/> 050 SSI / SSD | <input type="checkbox"/> 080 MEDICAL ASSISTANCE / MEDICARE |
| <input type="checkbox"/> 020 MEDICAL ASSISTANCE / MEDICAID | <input type="checkbox"/> 060 FOOD STAMPS | <input type="checkbox"/> 090 WIC |
| <input type="checkbox"/> 030 FIDUCIARY | <input type="checkbox"/> 070 HIV SPECIAL NEED PLAN | <input type="checkbox"/> 999 OTHER FINANCIAL / ENTITLEMENTS |

- 400 BASIC LIVING NEEDS
- | | |
|--|---|
| <input type="checkbox"/> 010 INDEPENDENT HOUSING | <input type="checkbox"/> 050 CLOTHING |
| <input type="checkbox"/> 030 FOOD | <input type="checkbox"/> 999 OTHER BASIC LIVING NEEDS |

- 410 HOUSING
- | | | |
|--|--|---|
| <input type="checkbox"/> 010 INDEPENDENT HOUSING | <input type="checkbox"/> 030 RENTAL ASSISTANCE | <input type="checkbox"/> 050 TRANSITIONAL HOUSING |
| <input type="checkbox"/> 020 SUPPORTIVE HOUSING | <input type="checkbox"/> 040 HUD / HOPWA HOUSING | |

- 420 NUTRITION AND FOOD
- | | | |
|---|--|---|
| <input type="checkbox"/> 010 CONGREGATE MEALS | <input type="checkbox"/> 030 FOOD BANK / FOOD PANTRY | <input type="checkbox"/> 070 NUTRITIONAL COUNSELING |
| <input type="checkbox"/> 020 HOME DELIVERED MEALS | <input type="checkbox"/> 040 NUTRITIONAL ASSESSMENT | |



REFERRAL TRACKING

* CLIENT: _____
* LAST NAME * FIRST NAME Middle

* SERVICE NEED CONTINUED

* CATEGORY / SERVICES:

- 010 RESPITE FOR CARE GIVERS
- 020 RECREATION / SOCIALIZATION
- 040 PASTORAL CARE
- 500 SUPPORTIVE SERVICES
 - 050 ESCORT
 - 999 OTHER SUPPORTIVE SERVICES

510 CARE COORDINATION

010 CARE COORDINATION

520 TRANSPORTATION

- 010 AGENCY CAR / VAN
- 020 CAR / CAB SERVICE
- 030 TRANSPORTATION VOUCHERS
- 040 OTHER TRANSPORTATION
- 050 SUBWAY / BUS FARE

600 FAMILY / CHILD CARE SERVICES

- 010 FOSTER CARE
- 020 CHILD CARE / RESPITE
- 030 PARENTING SKILLS
- 040 DOMESTIC VIOLENCE SERVICES
- 050 CHILD PROTECTION SERVICES
- 060 CHILDREN'S EDUCATION / DEVELOPMENT INTERVENTION
- 070 ADOPTION
- 999 OTHER FAMILY PARENTING

650 OTHER

999 OTHER

700 ALCOHOL / SUBSTANCE USE SERVICES

- 010 DRUG TREATMENT - AMBULATORY / NON-METHADONE
- 020 DRUG TREATMENT - SHORT TERM RESIDENTIAL
- 021 DRUG TREATMENT - LONG TERM RESIDENTIAL
- 030 DETOX - INPATIENT
- 031 DETOX - OUTPATIENT
- 035 METHADONE MAINTENANCE
- 036 METHADONE TO ABSTINENCE
- 037 BUPRENORPHINE ONLY
- 038 BUPRENORPHINE WITH AMBULATORY TREATMENT
- 040 SUBSTANCE USE COUNSELING
- 050 AA / NA MEETINGS / SELF-HELP
- 060 ALCOHOL TREATMENT
- 080 RECOVERY READINESS
- 999 OTHER ALCOHOL / SUBSTANCE USE

710 HARM REDUCTION / SYRINGE EXCHANGE

- 010 ESAP
- 070 HARM REDUCTION
- 075 SYRINGE EXCHANGE
- 080 RECOVERY READINESS

800 MENTAL HEALTH / PSYCHOSOCIAL

- 010 SUPPORT GROUPS
- 020 INDIVIDUAL COUNSELING
- 030 FAMILY COUNSELING
- 040 PSYCHIATRIC CARE
- 050 PSYCHOLOGICAL COUNSELING
- 999 OTHER MENTAL HEALTH / PSYCHOSOCIAL

900 LEGAL / CORRECTIONAL SERVICES

- 010 LEGAL DOCS: HEALTH CARE PROXY / DNR / WILL / POWER OF ATTORNEY
- 011 GENERAL LEGAL REPRESENTATION
- 020 GUARDIANSHIP / CUSTODY & PERMANENCY PLANNING
- 030 IMMIGRATION / NATURALIZATION
- 050 LEGAL RIGHTS: CONFIDENTIALITY
- 060 LEGAL RIGHTS: DISCRIMINATION
- 070 LEGAL RIGHTS: HUMAN RIGHTS
- 999 OTHER LEGAL SERVICES

910 PRISON PROJECT

010 PRISON PROJECT

950 COUNSELING, TESTING, & REFERRAL

- 010 HIV TESTING
- 020 HIV CONFIRMATORY TEST
- 030 HIV PREVENTION COUNSELING
- 040 STD SCREENING / TESTING AND TREATMENT
- 050 VIRAL HEPATITIS SCREENING AND TREATMENT
- 060 TUBERCULOSIS TESTING
- 070 SYRINGE EXCHANGE SERVICES
- 080 REPRODUCTIVE HEALTH SERVICES
- 090 PRENATAL CARE
- 100 HIV MEDICAL CARE / EVALUATION / TREATMENT
- 110 IDU RISK REDUCTION SERVICES
- 120 SUBSTANCE ABUSE SERVICES
- 130 GENERAL MEDICAL CARE
- 140 PARTNER COUNSELING AND REFERRAL SERVICES (PCRS)
- 150 MENTAL HEALTH SERVICES
- 160 COMPREHENSIVE RISK COUNSELING AND SERVICES
- 170 OTHER HIV PREVENTION SERVICES
- 180 OTHER SUPPORT SERVICES
- 190 CASE MANAGEMENT
- 200 INTEGRATED HIV TESTING
- 880 OTHER

