



Use this sheet for patients 20 years of age or younger, and or pregnant women, who live in Adams, Arapahoe, Douglas or Elbert Counties. (1/2014)

Healthy Communities Medicaid Referral Sheet

Date Referred: _____

Name of Practice & Office: _____ Person Referring: _____

Provider Phone #: _____ Fax: _____ (if you want a follow up report)

**** Please help the patient / guardian locate a provider accepting Medicaid for the following conditions:**

Acupuncture	Allergy / Immunology	Anesthesiology	Asthma	Audiology	Bariatric	Behavioral Health
Burns	Cardiology	Child Development	Chiropractic	Dermatology	Dialysis	Endocrinology
ENT	Gastro / Intestinal	GYN	Hematology	Hepatology	Hospice	Infectious Disease
Metabolic	Neurology	Nephrology	Obstetrics	Oncology	Optometry	Orthopedic
Pathology	Podiatry	Pulmonology	Rheumatology	Speech / Language	Surgical	Urology
Adolescent Medicine	Dental Services	Family Medicine	Lab Tests	Medical Imaging	Pediatric Medicine	Reconstructive Medicine
Sleep Disorder	Sports Medicine	Substance Abuse	Women's Health	Wound Care Medicine		

Reason for Referral / Comments: _____

Name of Patient: _____ Guardian Name: _____

(If under 18 years of age)

Phone #: _____ Patient Date of Birth: _____ Medicaid ID #: _____

Patient E-mail address: _____

Reside in Adams Arapahoe Elbert Douglas Zip Code: _____

Fax Form to: Healthy Communities Tri-County Health Department: 303-745-3365

Healthy Communities Coordinator: _____

Date Received: _____ Date Completed: _____

Comments: _____

Please Check Here if you would like a follow-up report after we contact (or make 3 attempts to contact) the client. Tri-County Health Department Healthy Communities Phone number: 303-873-4404