



Please fill in the information requested below and email it to us at: [triage@elmandoakhealth.com](mailto:triage@elmandoakhealth.com)

Date: \_\_\_\_\_

Please supply the following information for the patient being referred:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: (Area Code) \_\_\_\_\_

Diagnosis/Concerns/  
Risk Factors/Important  
Cultural Factors: \_\_\_\_\_

Address: \_\_\_\_\_

Medicaid CIN#: \_\_\_\_\_

Referring Agency/Provider: \_\_\_\_\_

**Thank you for the referral. Elm and Oak Health's Care Management Team will confirm receipt of your referral. If you have questions, please contact 866.255.7969 or email [triage@elmandoakhealth.com](mailto:triage@elmandoakhealth.com).**