



**Family Planning Care Coordination Referral Form**

***Cullman, Jackson, Limestone, Madison, Marshall, and Morgan Counties***

*Form must be filled out in order to be processed*

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Primary Language: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician / Facility: \_\_\_\_\_

Facility Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Reason for Referral (Please Check All That Apply):**

- Risk Screening for Care Coordination
- First Time Birth Control User
- Appointment Reminders
- Transportation Coordination (Linkage with Non-Medicaid Covered Community Transportation Resources)
- Awaiting Sterilization
- Social Support/Community Resources
- Assistance with Application for Family Planning Medicaid

**Other Family Planning Care Coordination Needs. Please Specify.**

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**Send Referral form to Virginia Wiggins-Motton Fax: (256) 382-2715**  
**Email (Secure Only): Referrals@northalcc.org**