North Alabama CommunityCare

Children with Medical Complexities Referral Form

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

Form must be filled out in order to be processed

Eligible Individual Name: _____ Date: _____

DOB: _____ Medicaid #: _____ Phone: _____

Physical Address to include city and zip: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Referring Physician / Facility: _____

Facility Contact: _____ Phone: _____ Email: _____

Reason for Referral: _____

Special Instructions/Pertinent Information: _____

_____

_____

CMC Qualifying Conditions:

- ☐ Cancer
- ☐ Paraplegia
- ☐ Pulmonary/Respiratory
- ☐ Quadriplegia
- ☐ Sickle Cell
- ☐ Transplant
- ☐ Cardiac Conditions
- ☐ Cerebral Palsy
- ☐ Cystic Fibrosis
- ☐ Hemophilia
- ☐ HIV
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Neuromuscular Disorders

Children without these conditions must be approved by our Medical Director to be categorized as medically complex. Please contact Diane McCrary or Ross Hudson for more information

Current Medications:

Name of Medicine	Dose	Duration	Effects

Past Medical History (Please attach Most Recent Lab Work and H&P Required):

Fax Referral form to Diane McCrary, RN or Ross Hudson, LICSW @ (256) 382-2715

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