

## Referral to Health Integration Project (HIP) Primary Care Services

Consumers referred to HIP are expected to meet a minimum of **two** of the following criteria:  
(Please use check boxes)

*Consumer is not receiving primary care services from a community provider or is not able to access their provider as needed.*

*Consumer has a long standing (chronic) physical health condition.*

*Consumer reports having been admitted to an Emergency department for physical health needs **2** or more times in the past month.*

*Consumer is likely to experience **substantial** difficulty in accessing community primary care services due to complications related to the behavioral health diagnosis and/or associated functional impairments.*

(For any questions related to eligibility please contact Matt at (512) 804-3811 or [Matthew.Rich@atcic.org](mailto:Matthew.Rich@atcic.org))

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Anasazi #: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone #: (Home) \_\_\_\_\_ (cell) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Primary Insurance Coverage: \_\_\_\_\_ Plan/Policy/ID #: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ N/A

Current PCP: \_\_\_\_\_ N/A

Current medical problem (if any): \_\_\_\_\_

Primary Assignment: (Please check one)

251/257 CRT/LOC3

251/257 LOC1

271 ACT

222 Oak Springs

255/287 Housing

475 NTP

422 ANEW

486 PATH

Other: \_\_\_\_\_

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

Primary SAI Name: \_\_\_\_\_ SAI Contact #: \_\_\_\_\_

(If you are not the primary SAI, please consult with SAI before referring consumer)

Appointment Priority:

ROUTINE: Call Sophia at (512) 804-3913 and email form with NOMs assessment to both [Matthew.Rich@atcic.org](mailto:Matthew.Rich@atcic.org) AND [Sophia.Turrubiarte@communitycaretexas.org](mailto:Sophia.Turrubiarte@communitycaretexas.org)

SAME DAY/URGENT: Call Nurse Liz at (512) 804-3917 and email form with NOMs assessment to both [Matthew.Rich@atcic.org](mailto:Matthew.Rich@atcic.org) AND [Elizabeth.Dimitry@communitycaretexas.org](mailto:Elizabeth.Dimitry@communitycaretexas.org)

(Criteria Utilized to define urgency include: Recent onset of a rash, Urinary tract infection symptoms, Fever, Nausea, Vomiting, Diarrhea, Upper Respiratory Tract infection symptoms)