

LINKAGE AND RE-ENGAGEMENT PROGRAM REFERRAL FORM



Referring HIV Clinic Contact Information Secure Fax Instructions: An official clinic fax coversheet must accompany the Referral Form, no Patient Identifying Information can be included on the coversheet			
LRP Secure Fax Number: 1-213-382-7605 LRP Provider Phone Line: 1-213-639-4288	Attention to:		
Referring HIV Clinic Contact Information	on		
Client Casewatch ID #:	Date of Referral:		
HIV Medical Clinic Name:	Address:		
Staff Name:	Phone:		Office Cell
Staff Title:	Email Address:		
Patient Contact Information			
Patient Last Name:	First Name:		Middle Initial:
AKAs:	Race/Ethnicity		
Date of Birth:	_ Gender:	Female (If yes,	, pregnant? Yes No)
Monolingual Spanish-Speaker? Yes No	Trans	gender	
Physical Description:			
Last Known Address:			
Phone Number: Home	Cell Alternate Phone	Number:	
Email Address: SS#: _	M	ledical Record #:	
Patient's Emergency Contact (E/C) Information: C			
Last HIV Medical Appointment Date:	Last VL Count:	copi	es/mL VL Date:
Contact Attempts Made			
Phone Call(s) and Text Message(s) – Must have a	ttempted at least 3 tin	nes within 2 weeks	over the past 30 days
Phone Number Attempted:	Alternate Phone	Number Attempted	d:
Dates Attempted: (1 st)	(2 nd)	(3 rd)	
Results?	No Response De	clined services at cl	linic
Letter Mailed to Last Known Address – Must have	e mailed 1 letter withi	n the past 30 days	Yes No



LINKAGE AND RE-ENGAGEMENT PROGRAM REFERRAL FORM



Date Mailed:				
Home Visit(s) – Must have conducted at least 1 home visit over the past 30 days after a letter was mailed and not returned back to sender				
Home Visit(s) Conducted?				
Results? Not Home Doesn't Live There No Such Address/Address Invalid				
Email(s) sent? Yes No Date(s):				
Results?				
Other Services within the Clinic/Organization Contacted?				
Checked LASD Inmate Locator?				
Medical Care Coordination Services Summary Information: Does your clinic have MCC services?				
DHSP – OFFICE USE ONLY				
DHSP staff must verify that client received services at the referring clinic within the last 12-24 months Accept Referral for LRP Program assignment?				
If no, comment: Deceased In Care Elsewhere				
Out of LA County Due Diligence not completed by provider				