

# Member Outreach Form



The information in this box is required. Please complete all lines.

Member Name	Age	Date of Birth
Date of Last Screening (for Members less than 21 Years Old)	Gateway Health ID Number	
Parent/Guardian Name	Relationship	Phone Number
PCP Name	Provider ID Number	
PCP Contact Person	PCD Contact Phone Number	Date Sent to GHP

## Member is being referred for the following:

(Gateway Health will call the member to educate, to assist with scheduling appointments and transportation as needed.)

**Over due for screening**

Last Screening Date: \_\_\_\_\_

**Behind on immunizations**

\_\_\_\_\_  
\_\_\_\_\_

**Chronic no show for appointments or follow up care**

Dates of missed appointments: \_\_\_\_\_

\_\_\_\_\_

Reason for appointments: \_\_\_\_\_

\_\_\_\_\_

**Member Education**

**Test Results (e.g. Elevated Lead Levels)**

Date of last Draw: \_\_\_\_\_

Result of last Draw: \_\_\_\_\_

Date script was given for Blood Lead Level: \_\_\_\_\_

Notified by mail (attach letter), Notified by phone date: \_\_\_\_\_

**Referral Services**

Referred for: \_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_

Practice: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Specialty: \_\_\_\_\_

## Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax to: Case Management Department  
(888) 225-2360**

**If you have questions concerning the use of this form, call  
the Case Management Department at 1-800-392-1147.**