

Hepatitis C (HCV) Tulsa CARES Client Referral Form

Fax to (918) 834-4189 Attn: Hailey Ferguson

Step 1: Demographics	Date:	Referral source & phone number:		
	Client's Name:			DOB:
	Client's Phone: ()	Active email:		
	Address:			
	Race/Ethnicity:	Gender:		
Step 2: Medical	HCV diagnosis date:		Where tested:	
	Receiving Current treatment:	YES	NO	
	Primary HCV care provider:			
	<i>If known:</i>			
	Genotype (1, 1a,1b, 2, 3, 4, 5, 6, or unk):		Initial Viral Load HCV RNA:	
	Fibrosis score:			

Step 3: Assistance Requested	Select the type of assistance needed:		
	<input type="checkbox"/> HCV information and referral	<input type="checkbox"/> HCV/HIV testing and prevention	
	<input type="checkbox"/> HCV medical assistance	<input type="checkbox"/> HCV RX assistance	
	<input type="checkbox"/> HCV support groups and social services		

Step 4: Required Documents	<input type="checkbox"/> Proof of Status (signed physician statement or HCV test proof)		
	<input type="checkbox"/> Proof of Income (award letter or check stubs preferred)		
	<input type="checkbox"/> Proof of Residency (lease, utility bill, etc)		
	<small>IMPORTANT: ALL DOCUMENTATION LISTED IN STEP 4 MUST BE PROVIDED BEFORE THE REFERRAL CAN BE ACCEPTED. PLEASE PROVIDE ADDITIONAL DOCUMENTATION (STEP 2) IF AVAILABLE AT TIME OF REFERRAL – THIS WILL SPEED UP PROCESSING TIME. For further assistance contact Hailey Ferguson at haileyf@tulsacares.org</small>		

X _____ Date _____
(Signature of Referring Person)

Step 5: Referral Status	<input type="checkbox"/> Client contacted on:			
	<input type="checkbox"/> Unable to contact client, attempted contact dates:			
	Approved:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date Assisted:
	Decision relayed to client on: _____			
Completed form faxed back to referring case manager on: _____				