



Eastern PA Health Care Quality Unit
Referral Request

Process for Referral to the HCQU

- 1. The representative from the provider agency, county program, family or other support services will complete a referral request for HCQU services.
2. The Supports Coordinator or HCQU liaison will be informed of a consumer-specific referral either by the requestor or HCQU nurse.
3. The referral form will be given to the HCQU nurse or faxed to the HCQU at (610) 435-9398.

County/Joinder: Supports Coordinator:

Supports Coordinator Phone: Supports Coordinator Fax :

Date of referral to HCQU:

Provider Name: Contact person:

Contact's phone number: Fax number:

Individual's Name (if applicable):

Primary Diagnosis: Secondary Diagnosis:

Address:

Phone number:

REASON FOR REFERRAL:

Large empty rectangular box for providing the reason for referral.

Completed by: Date/Time:

The following information will be completed by HCQU

Date Received by HCQU: Staff assigned:

HCQU Director: Date:

Outcome: (Check all that apply)

- Video, Information/resources, Assistance with policy/procedure, Consumer Assessment, Technical Assistance, Meeting Attendance, Psychiatric Evaluation, Training, Other (explanation needed)

Further Explanation (i.e., complexity/time spent on technical assistance):

Three horizontal lines for providing further explanation.

Staff signature: Date closed: