



**PHYSICIAN OFFICE REFERRAL FORM
MEDICAL ELIGIBILITY DETERMINATION**

Date of Referral:					
Client Information					
Name of Client:				Birth Date:	
MaineCare ID #:		Social Security #:		Medicare #:	
Client's Current Location - Where the Assessment will Occur					
Type of Location:	<input type="checkbox"/> Home	<input type="checkbox"/> Hospital	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Res Care	<input type="checkbox"/> Other
Street Address:		Town/ZIP:		Telephone:	
Contact Name for Facility if applicable:				Facility Contact's Phone:	
Is the Client aware of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the Client have (check all that apply): Hearing Loss <input type="checkbox"/> ; Cognition Issues <input type="checkbox"/> ;				Behavior Problems <input type="checkbox"/>	
Doctor's Office Information					
Practice Name:					
Name of Primary Care Doctor:				Doctor's Telephone:	
Practice Address:					
Name of Person Sending this Referral:					
Type of Assessment Requested (check one)					
<input type="checkbox"/> #1 - Advisory Assessment	<input type="checkbox"/> #13 - Nursing Facility	<input type="checkbox"/> #30 - Assisted Living Facility	<input type="checkbox"/> #31 - Residential Care Facility/PNMI		
Person to Contact on Behalf of the Client					
Name & Phone of Client's Primary Contact		Name:		Contact's Telephone:	
Contact's Address:					
Relationship to Client:					
Does Client have a Legal Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		<input type="checkbox"/> same as above	Name:		Telephone:
Does Client have a Medical POA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		<input type="checkbox"/> same as above	Name:		Telephone:
Does Client have a Financial POA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		<input type="checkbox"/> same as above	Name:		Telephone:
Referral Comment Information					
Referral Comments:					