

Linkage to Care Referral

Date referral made	Date referral approved (for TDC L2C Program office use only)
, 2014	

Care Coordination/Case Manager information

Referral made by:	Care Coordination site	Care Coordinator's telephone number and email address

Client Information

Legal First Name	Legal Last Name	M.I.	Preferred name/nickname	Date of Birth
Home Number	Cell Phone Number	E-mail Address		Okay to leave message? Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address				

Reason for Linkage to Care Referral (please be as descriptive as possible) (*note that client must have been out of HIV medical care for 1+ years OR newly diagnosed and in need of additional support to enter into care for enrollment in L2C **)			
Date of HIV diagnosis:			
Date last seen for Care Coordination:			
Date of last labs drawn (if known):			
Would Client prefer L2C Specialist:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	No Preference/Unsure <input type="checkbox"/>
	Spanish-speaking <input type="checkbox"/>		

Please explain this client's possible barrier(s) to care, why you believe this client stopped accessing care, and any specific information that will be helpful for the L2C Specialist to know:

Please send referral via email or fax to:
 Abbe Shapiro, Linkage to Care Program Manager
ashapiro@damien.org
 Fax: 317.632.4363 Questions? Call (317)632-0123x263