

# McIntosh Trail Management Services

## Case Management agency

246 O'Dell Rd., Ste 5  
Griffin, GA 30224  
770-567-5948

P.O. Box 310  
Franklin, GA 30217  
706-675-2985

2719 Sheraton Dr. Suite C-120  
Macon, GA 31204  
478-752-3260

### REFERRAL FOR TRADITIONAL OR ENHANCED CASE MANAGEMENT SERVICES

Date \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of residence \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_M \_\_\_F

Marital Status \_\_\_\_\_

Diagnosis/ Major Medical problems \_\_\_\_\_

Contact for Screening \_\_\_\_\_

Relationship to client \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship to client \_\_\_\_\_ Phone # \_\_\_\_\_

**Referring Case Management Agency** \_\_\_\_\_

Case Management Contact: Name \_\_\_\_\_ # \_\_\_\_\_

Does client live alone? Yes or No

Does client receive public assistance? (ex: food stamps)

Does client own the home?

Has client had any falls/er visits/hosp. within the last 6 mo.?

Has client been in a skilled nursing facility within the last 12 mo.?

What is the client's primary language?

### Additional Information:

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

**Service Provider Choices:**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_