

Early Intervention Service

FAX to EIS Coordinator: 321-690-3286

Amaya Viñuela: 321-690-6459 Yaitte Gomez: 321-690-6495

Client Name:	_____
Preferred Name:	_____
DOB:	____/____/____
EIS Referral Date:	____/____/____

CM Contact: _____ CM Contact #: _____

REASON FOR REFERRAL

NEVER ENROLLED WITH CASE MANAGEMENT

Not Able to Contact to Make Appointment

Reason: _____

LOST TO CARE WITH CASE MANAGEMENT

Date of Last Contact: ____/____/____ Type of Contact: Phone CM F2F Medical OV

NOE Eligibility Expiration (Date: ____/____/____)

Lost To Care/Closed (Date: ____/____/____)

Lab Dates: CD4____/VL____ Last Medical Appt: ____/____/____ NA

ADHERENCE ACTIVITIES (Performed By NMCM/MCM)

3 Contact Attempts Made To Reach Client

RW Case Manager Contacted for Client Information

Notes in CAREWare

Note in CAREWare (“EIS Referral”)

BARRIERS TO CARE IDENTIFIED:

NOE needed Lab Needed RX Needed (Medical Appointment)

EIS/REVIEW OF ADHERENCE

Client Out of Care for >____ months and can no longer be reached - Hold off for POC until client located

Client Contacted Before EIS Enrollment Initiated - No need for POC

Transportation Required: Yes No