

PHONE CONSULTATION REQUEST

FAX to: 818.949.4016

OR contact Program Manager:

Adria.Navarro@med.usc.edu; **818.949.4033**

USC Verdugo Hills Hospital

Keck Medicine of **USC**

Community Resource Center for Aging

Enhancing the quality of life for older adults living in the Foothills

REFERRAL DATE: _____

Client Name _____

Address _____

City _____ Zip _____

Phone _____ **Email option** _____

Primary Language (communication information) _____

Other Contact Name (optional, e.g., call relative) _____

Relationship _____ **Phone or Email** _____

Consent: I give permission to the referring provider to forward my information to the Community Resource Center for Aging. I understand that a representative will contact me and/or my caregiver about information, services, and/or other supports and will follow up with the referring provider. My information will be kept secure and confidential, unless shared with my permission or for my safety.

Signature _____ **Date** _____

(Client or Representative)

OR

Check here if the person being referred provided verbal consent (instead of signature)

Reason for Referral (check any or all that apply)

___ Social Work Consultation & Support

___ Advance Directive

___ Caregiver Education & Resources

___ Respite Services

___ Safety Issues

___ Wandering

___ Legal & Financial Considerations

___ Health Insurance Issues

___ Activity Programs

___ Transportation Resources

Other: _____

Referring Provider _____

Preferred method for update (phone or email) _____

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PHONE CONSULTATION FEEDBACK

CONTACT DATE: _____

ACTIVITY:

___ One-time consult completed ___ Follow up contacts planned ___ Return call expected

SUMMARY:

Thank you for your referral,
Adria E. Navarro, PhD, LCSW, Program Manager
Adria.Navarro@med.usc.edu; 818.949.4033