

# Our Goal, Asthma Control

Through Asthma Home Care Visits and  
Care Coordination



## Requirements for Referral:

Patient with diagnosis of Asthma

Patient with Medicaid coverage

## We provide home visits in which we:

- Provide patient centered asthma self-management education, trigger identification and trigger management counseling, including routine review of an asthma action plan.
- Complete environmental assessment, education, and trigger mitigation, including referrals for Integrated Pest Management (IPM).
- Provide referrals for smoking cessation programs, legal services, public assistance support, and behavioral health as necessary.
- Provide navigation services including support for patients in accessing and utilizing medical resources.

**Please fax the Referral Form to (718)-963-6425. Thank you!**

Our care coordinator will contact your office with a report regarding the home visit findings and recommendations to improve asthma control for our clients.

If you have any questions please call Danielle Barnes, Asthma Program Manager, at (718) 963-6490.

Thank you!

**Requirements for Referral:**

Patient with diagnosis of Asthma  
Patient with Medicaid coverage



**ASTHMA HOME CARE REFERRAL FORM**

Referral Source: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Office Mailing Address: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Age: \_\_\_\_\_ Male or Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Insurance: \_\_\_\_\_

NY Medicaid ID# (Starts with 2 letters, then 5 numbers, then a letter) : \_\_\_\_\_

Patient's Address: \_\_\_\_\_

\_\_\_\_\_ NY \_\_\_\_\_ (zip)

Patient's Phone Number: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (other) \_\_\_\_\_

Asthma Severity (if known): \_\_\_\_\_

Asthma Control (if known): \_\_\_\_\_

*If patient is a minor:*

Parent/Guardian Name: \_\_\_\_\_

Preferred language:

- ENGLISH
- SPANISH
- OTHER: \_\_\_\_\_

Name of PCP: _____
Group Name: _____
Address: _____
_____
Phone: (____) _____ - _____