



Instructions: Complete each section below. Then, submit the completed form using one of the following methods: **Email:** SCPA@carestar.com **Fax:** 513-618-8319 **Mail:** CareStar, Inc. | PO Box 264 Monroeville, PA 15146
 If you have questions, contact us via **phone** toll-free at: 1-800-616-3718.

PARTICIPANT INFORMATION

Full Name: _____ Date: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email: _____ Referral Source: _____

Please list any communication barriers: _____

PARENT / LEGAL GUARDIAN

Full Name: _____ Date: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email: _____

COMMUNITY CONNECTIONS NEEDED (Please check all that apply).

Developing S.M.A.R.T GOALS	Insurance Information Sheet	Daily Pain Tracking Sheet
Healthy Behavior Contract	Transfusion Tracking Sheet	Describe the Pain Sheet
Six Steps to Living Well With Sickle Cell Disease	Specialist	Stress Diary Sheet
Five Tips to Help Prevent Infections	Medical Supplies	Budgeting
Emergency Guide: When to See the Doctor	Home Health Care	Bill Paying
Coping With Stress	Medication Log Sheet	Daily Physical Activity Tracking Sheet
Fifteen Reasons Why Exercise Is Good	Vaccination and Immunization Tracking Sheet	Water Intake Tracking Sheet
Medical Appointment Sheet	Hospitalization and Surgical Procedures Tracking Sheet	Misc. Community Resources
Pharmacy Provider Information Sheet	Health Education	Other:

Who else might we contact about the person being referred?

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Signature Of Parent/Guardian: _____ **Date:** _____

