

Patient Name:

Mayo Clinic Number:



*Intercultural Mutual  
Assistance Association*

2500 Valley High Drive NW  
Rochester, MN 55901  
www.imaa.net

**Ordering Information:**

Provider Name	Referral Area	Diagnosis
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**Patient Information:**

Service Date (dd-Mmm-yyyy)	Visit Number	Family Number	
Street Address			
City	State	ZIP Code	Phone
Insurance		Insurance Number	
Language(s)			Interpreter

**Referral Request**

**Visit Summary**

**Patient States Goals as**

**CHW Recommendations**

Patient Name:

Mayo Clinic Number:

Tools:

Empty box for Tools

**Ordered: Self-Management Education and Training**

Individual Group of 2-4 Patients Group of 5-8 Patients (30 minute units; 2 hours/day or 12 hours/month maximum)	Start Time (hh:mm)	End Time (hh:mm)
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**Health Education Information Provided**

Check box when complete				
Behavioral Health	Asthma	Child and Teen Check Program (C&TC)	Oral Health	Diabetes
Heart Health	Cancer	Nutrition	Medication Management	Other

**Additional Patient Self-management Supports**

(Community Health Worker assists family in self-management care)

	Date Initiated	Date Completed
Applying for Insurance		
Enrolling in a Health Care Plan		
Insurance Renewal Activities		
Choosing a Primary Care Provider		
Understanding Insurance Coverage and Responsibilities		
Working with Health Care Teams (who to call, what to bring, where to go)		
Refilling Prescriptions/Using the Pharmacy Help Line		
		<b>Date Appt Received</b>
Scheduling an appointment: Medical		
Dental		
Behavioral Health		
Accessing Transportation for appointments: Medical		
Dental		
Behavioral Health		
Accessing Language Services for appointments		
Other:		
Self-management skill acquired:		

Face Time	Start Time (hh:mm) (24 hour clock)	End Time (hh:mm) (24 hour clock)
Education Time	Start Time (hh:mm) (24 hour clock)	End Time (hh:mm) (24 hour clock)
Total Time (Direct and Indirect)		

Community Health Worker Signature	Date (dd-Mmm-yyy)	Time (hh:mm) (24 hour clock)
Community Health Worker Printed Name		