

<b>Required</b>	<b>Children’s Special Health/Dental Health Services Application (CSH-1)</b> <i>(yellow)</i>
	<p><b>Purpose:</b> Document the services requested.</p> <p><b>Request Services (RS) column:</b>  A <b>Diagnostic Evaluation</b> is requested when a client is exhibiting symptoms, but a diagnosis has not been made. This is designated with a 1 (<u>referral from MD attached</u>).  A <b>Referral</b> is when a provider refers a client on for a consultation or confirmation of a diagnosis and is designated with a 1 (<u>referral from MD attached</u>).  A client has an <b>Established Diagnosis</b> and is new/reapplying to CSH. A medical record will be needed to verify diagnosis. This is designated with a 2.</p> <p><b>Provider’s Full Name</b> - Identify current and future medical providers with their full names and addresses and the <b>Provider Type Code</b>. If known, give the <b>Date of Last and/or Next Appointment</b>.</p> <p>Indicate the <b>Symptom(s) or Definite Diagnosis</b> for which the application is being made.</p> <p><b>MR</b> - Indicate status of medical records needed for the application. Note: If MR is requested by PHN (as noted with a 3), make sure you send a copy to CSH when received so application can be processed.</p> <p>List only <b>Relevant Providers</b>, who may have provided care for the reason the client is being referred.</p> <p>The state office will use information to document medical eligibility.</p> <p><b>Completed by:</b> PHN Care Coordinator</p> <p><b>When:</b> At the first contact with the client/family</p> <p><b>Retention:</b> Original to state and copy in file</p> <p><b>Updated:</b> Any changes should be sent to state on the CSH-7 Change Form. The Annual Update Form can be used to document changes found during the annual update.</p>