

# Pest Control for Children with a Recent Hospital Visit Due to Asthma

Doc AIM\*



## Referral Form

Please email the form to CABS Health Network at [cabsMTIA@cabshomecare.org](mailto:cabsMTIA@cabshomecare.org) with the subject line: "Doc AIM Referral" or fax to (718) 889-7113.

Referral Date: \_\_\_\_\_

Parent  Guardian

Parent / Guardian's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospitalization  Observation Stay  2nd asthma ED Visit in 12 Months

Asthma Admission Date: \_\_\_\_\_

Asthma Discharge Date: \_\_\_\_\_

2nd Asthma ED Visit Date : \_\_\_\_\_

### Pests in the Home

Mice  Cockroaches

Referring Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**NYC REACH**

\* Formerly known as Medicaid Together