

Contact Us:

A: 1996 Ewings Mill Rd, Coraopolis, PA 15108

P: 877-381-2209 E: contact@lumicaretech.com



REFERRAL CONTACT PERSON

Name of Contact:

Title/Role of Contact:

Email Address:

Phone Number:

Provider/MCO:

Name of Coordinator:

Coordinator Email:

Coordinator Phone:

MEMBER'S INFORMATION

Full Name :

Address :

Date of Birth : / /

Phone:

Gender :

Date of Referral : / /

Submit completed form to
referrals@lumicaretech.com

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Reason for Referral

Briefly explain the reason for the referral, including any goals or concerns the member has.

Technology Use

Does the member have WiFi?

If yes, is it solely in their home
or is it shared?

Does the member currently use
any other forms of technology?
[Yes/No]

If yes, please list the
technologies they are using.

Are there any other family
members or caregivers that
serve as direct support to the
member? [Yes/No]

If yes, please list their names and
provide their contact information.