



MS Navigator REFERRAL FORM

National

no cover sheet necessary

DATE: _____

FAX: 303-362-9356/ EMAIL: referrals@nmss.org

Name of person being referred (please PRINT): _____

Is this person the: patient carepartner family member other

Mailing Address: _____

Street

City

State

Zip code

Phone: (____) _____

E-mail _____

Preferred method of contact: Phone Email Best time of day to call: _____

Preferred Language: English Spanish Other: _____

May we identify ourselves as the National MS Society when we contact you? Yes No

If there is someone else at this number we can leave information with, please provide name _____

I give permission to my healthcare or service provider to give my name and contact information to the National MS Society (Society), and to subsequently contact the Society in the future on my behalf. I understand that a Society representative will contact me about the free support and educational services that are available. I understand that my name and contact information listed above will not be disclosed or shared with any other entity besides the Society unless I specifically authorize any subsequent disclosure. I understand that unless I selected yes above, I will not receive mail from the Society unless I give permission when contacted. I understand that I can revoke my permission at any time by contacting the Society. I give permission to the Society to let the provider know whether or not contact was made with me.

I give permission for the Society to communicate with the provider regarding my interactions with the Society. I understand that this authorization will expire in one year, unless revoked by me in writing prior to the expiration date.

Signature: _____ Verbal consent: Yes Date _____
(person being referred) *(instead of signature)*

TO BE COMPLETED BY REFERRING PROVIDER- please PRINT legibly

Provider Name: Dr./Mr./Ms. (circle) _____ Organization: _____

Email: _____ Alternate Contact: _____
(required to receive notice that contact was made)

Diagnosis of patient: _____ Date of Diagnosis: _____
(only if patient is being referred)

Reason for Referral (please check all that apply): Newly diagnosed Information Support group/Connection program
 Assistance with financial issues Benefits, Insurance, Employment Join the Society's mailing list
 Other (specify): _____

Additional information relevant to the patient's request: _____

Communication challenges we should be aware of? _____

Has a referral been made to Adult Protective Services? Yes No

Using the National MS Society Referral Form

The signed form authorizes the Society to contact the person who needs information/resources/services.

BEFORE COMPLETING THE FORM

- **Please report concerns about possible abuse** and/or neglect of a patient to Adult Protective Services (APS). Locate the nearest APS office using the following link: napsa-now.org/get-help/help-in-your-area/
- **Explain the purpose of the form, and what the patient can expect.** It is important s/he understands that the form authorizes the Society to contact him/her directly.

COMPLETING AND SENDING THE FORM

- **Complete and sign the form.** All information on the form, particularly the name and contact information of the person being referred, and your name and email **must be legible** in order for us to process the referral.
- **Indicate which services you believe the individual needs to access.** Provide as much details as possible to aid us in understand the full scope of need.
- **Have the person being referred sign the form.** If there are any concerns about leaving a message indicating that we are the National MS Society, it needs to be noted on the form. They are also agreeing to the Society providing you a status update.
- If a person is unable to sign, there is an option on the form for you to indicate that verbal consent has been made.
- Individuals will only start to receive mail from the Society if they check the box indicating they would like to be on the mailing list.
- **Indicate who in the household, besides the patient, also has permission to speak to the Society staff person who calls.**
- **Complete online at nationalmssociety.org/referral, fax, or scan and email the referral form to the National MS Society.**

WHAT HAPPENS AFTER YOU SEND THE FORM

- **The form will be received by one of our** highly trained MS Navigator professionals equipped to respond to questions about living with MS and provide access to information about all types of resources and services available nationwide.
- An MS Navigator will make two attempts to contact an individual. If contact is not made, a message will be left with the MS Navigator's name and contact information encouraging them to call the MS Navigator back.
- An initial email will be sent to the provider informing them of who the assigned MS Navigator is with their contact information and an invitation to provide more details or ask questions. A summary of how identified needs were addressed will be sent to the provider when service navigation work is complete.