Health Education Referral Form

IPA/Medical Group

To refer a Molina member for health education services:

1. **Complete all requested information (please print clearly).**
2. **Fax or E-mail** the completed referral form to Molina at **(562) 901-1176** or **MHIHealthEducationMailbox@MolinaHealthCare.com**
3. Fax required documentation with all referrals.
4. If you have questions, call (866) 472-9483.

Today's date:____________________

Member Information

Last Name:____________________ First Name:____________________ Member ID/ CIN#:______________________________

Address:______________________________________ City:_________________________ Zip Code:__________________________

Current Phone #:_________________________ Preferred Language:________________________ DOB:__________________________

Diagnosis:____

Full Name of Guardian (if member is under 18 years of age):____

Best Time to Call Member:________________________________ OK to leave messages at home: ☐ YES ☐ NO

PCP Information

Name:____ IPA/Medical Group Name:____

Address:____

Phone Number:____________________ Ext:___________ Fax Number:____

Educational Need (check one only)

Attach: Recent Progress Notes and Labs

- ☐ COPD
- ☐ CVD (Cardiovascular Disease): Coronary Artery Disease, Congestive Heart Failure, High Blood Pressure
- ☐ Diabetes Program (ages 18 and over)
- ☐ Asthma Program
- ☐ Smoking Cessation Program
- ☐ Pregnancy Program **EDC:** __________
- ☐ Substance Use — Specify: ____
- ☐ Mental Health — Specify: ____
- ☐ Pediatric Weight Kits (ages 16 and below)
- ☐ Adult Weight Management (Weight Watchers® program, ages 17 and older only)
  Height _________ **Weight** _________ **BMI:** ________

For a ***BMI of 40 or higher*** *(obesity class III), it is Molina's policy that the referral contains a signed medical release (physically able to exercise) for the member to participate in the Weight Watchers® Program.*

"OK to participate in the Weight Watchers® program:"______________________________________ ______________

Physician Signature — Date