Health Education Referral Form

MMG/Direct Providers Only

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 **MHI Health Education Mailbox**
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:_____ MMG#:_____

Address:_____

Phone Number:_____ Ext:_____ Fax Number:_____

Educational Need (check one only)

☐ COPD*	☐ Asthma	☐ Injury Prevention	☐ Smoking Cessation
☐ CVD* (Cardiovascular Disease): Coronary Artery Disease, Congestive Heart Failure, High Blood Pressure	☐ Cholesterol*	☐ Healthy Baby (Infant Safety/Car Seat)	☐ Stress Management
☐ Diabetes*	☐ Nutrition (General)	☐ Pregnancy EDC: _____	☐ Women's Health
*Attach: Recent Progress Notes and Labs	☐ Substance Use Specify: _____ _____	☐ Mental Health Specify: _____	☐ Exercise
			☐ Family Planning
			☐ STD's

Weight Control*

☐ Pediatric Weight Management (ages 16 and below)
Attach: Recent Progress Notes and Growth Charts

☐ 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 contain 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**

MEDICAL NUTRITION THERAPY (Consultation with Registered Dietitian)

For all MNT referrals, PLEASE attach most recent progress notes and labs

☐ Failure to Thrive	☐ HIV/AIDS	☐ Nutrition Assessment (specify need):
☐ Liver Failure	☐ Oncology	☐ Other:
☐ Multiple Food Allergies	☐ Renal Failure	