

# Prenatal Program REFERRAL FORM



Molina Healthcare  
Quality Improvement Department  
Health Improvement Program  
8801 Horizon Boulevard NE  
Albuquerque, NM 87113

1-800-377-9594 extension 182618  
(505) 342-4660 extension 182618  
FAX (505) 798-7315

Today's Date: \_\_\_\_\_

*THANK YOU FOR SUPPORTING HEALTHIER BABIES*

## *SALUD MEMBER INFORMATION*

Molina Member \_\_\_\_\_ DOB \_\_\_\_\_

Member ID # \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Estimated Gestational Age/EDC \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## *REFERRING PROVIDER OR ORGANIZATION*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Clinic/Hospital/Organization \_\_\_\_\_

## *MEMBER REFERRAL CHECKLIST*

Please indicate any of the following applicable to this member:

- Member may be considered high risk due to age, history of pre-term labor, diabetes, depression, smoking, etc.  
**PLEASE SPECIFY RISK(S):** \_\_\_\_\_
- Member may need an interpreter, language \_\_\_\_\_

**By completing this referral form, you will help Molina Healthcare to include the member in our Prenatal Programs and other health education activities. If the member is considered at high risk, she will be referred to Case Management services and/or Care Coordination.**

Molina Healthcare Salud services are funded in part under contract with the State of New Mexico.