



REFERRAL FOR WEIGHT WATCHERS® PROGRAM

Eligibility Criteria

- Molina Healthcare of Washington Medicaid
Members 18 years and older and have a BMI of >=27
Members between the ages of 15-17 must be >=95th percentile in weight
Members cannot be pregnant at the time of referral
Members cannot have an active diagnosis of anorexia and/or bulimia

PCP Information

Date:
Name of Referring Provider:
Phone Number:
Clinic Name:
Fax Number:

Patient Information

Patient Name:
DOB:
AGE:
Patient's Current Mailing Address:
Patient's Current Telephone Number:

Relevant Medical Information

Patient's current height:
Patient's current weight:
Patient's current BMI:

Is your patient physically able to exercise? Yes No

Does your patient have any of the following medical conditions?

- Asthma
Hypertension
Congestive Heart Failure (CHF)
Obesity
Coronary Artery Disease (CAD)
Prediabetes
Diabetes
Other:

MEMBER HAS COMPLETED ALL HEDIS MEASURES:

- YES
NO (if "NO", please help your patient obtain these)

If your Molina Medicaid patient is 18+ with a co-morbid condition, or is between the ages of 15-17, a PCP or Pediatrician must sign and date below approving enrollment into the Weight Watchers® program:

Signature:
Date: