

**Telephonic Health Education Referral Form**



**Complete all requested information** (please print clearly).

**Today’s Date**:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Member Information** | | | | | | | | | | |
| **Last Name**: | | | **First Name**: | | | | | **Member ID/ CIN#:** | | |
| **Address**: | | | | **City/State**: | | | | | | **Zip Code**: |
| **Current Phone#:** | | | | | **Preferred Language**: | | | | **DOB**: | |
| **Diagnosis**: | | | | | | | | | | |
| **Full Name of Guardian** (if member is under 18 years of age): | | | | | | | | | | |
| **PCP Information** | | | | | | | | | | |
| **Name**: | | | | | | | | | | |
| **Address**: | | | | **City/State**: | | | | | | **Zip Code**: |
| **Phone Number:** | | | | | **Ext:** | | **Fax Number:** | | | |
| **Referral for Educational Services** | | | | | | | | | | |
| To refer a Molina member for the following health education services:   1. Fax or E-mail the completed referral form to Molina at 1 (800) 642-3691 or [MHIHealthEducationMailbox@MolinaHealthCare.Com](mailto:MHIHealthEducationMailbox@MolinaHealthCare.Com) 2. Fax required documentation with all referrals. | | | | | | | | | | | |
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| **Case Manager Outreach for:** | | | | | | **Health Educator Outreach for**: | | | | | |
| Asthma (2+ years old)  COPD (35+ years old)  Depression (18+ years old)  Diabetes (18+ years old) | Hypertension (18+ years old)  Heart Failure (18+ years old) | | | | | Smoking Cessation (18+ years old)  Adult Weight Management (18+ years old): | | | | | |
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| **Medical Nutrition Therapy (Consultation with Registered Dietitian)**  For all MNT referrals, please attach most recent progress notes and labs | | | | | | | | | | |
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| **Condition:** | | **Requested Labs:** | | | **Other:** | | | | | |
| Diabetes | | A1c, Lipid | | | Nutrition Assessment (specify need/goals): | | | | | |
| Heart Failure | | Chem 10, Lipid | | |
| High Blood Pressure / Coronary Heart Disease | | Chem 10, Lipid | | |
| Multiple Food Allergies | | Allergy Testing | | |
| Renal Disease (Not on dialysis) | | Chem 10, GFR | | |
| Unintentional Weight Loss | | Chem 10 | | |
| **For additional health education questions, please email us @** [**MHIHealthEducationMailbox@MolinaHealthCare.Com**](mailto:MHIHealthEducationMailbox@MolinaHealthCare.Com)  **or call 1 (866) 891-2320 ext. 751136 option 2** | | | | | | | | | | |
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