Weight Watchers Referral Form

Members:

- ☐ Must be enrolled with Passport Health Plan by Molina Healthcare
- ☐ Must be 18 years or older and have a BMI of ≥ 27
- ☐ Cannot be pregnant at the time of referral
- ☐ Cannot have an active diagnosis of anorexia and/or bulimia

PCP Information

Date of Referral	Name	Phone Number

Clinic Name

Member Information

Name	Passport ID Number	Date of Birth

Member Address

Telephone Number

Date Completed	Who is Completing This Form for You?

Does the member have any of these?

- ☐ Asthma
- ☐ Congestive Heart Failure (CHF)
- ☐ Coronary Artery Disease (CAD)
- ☐ Diabetes
- ☐ Hypertension
- ☐ Obesity
- ☐ Prediabetes
- ☐ Other: _____
- ☐ Does not have any conditions

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Recent Medical Information:				
Height:	Weight:	BMI:	Blood Pressure:	HbA1C:

Member is up-to-date with preventive tests and screenings:*

☐ YES ☐ NO (if "NO," please help the member become up to date)

Examples:

- A1c and retinal eye exam for diabetic members.
- Mammogram, colorectal and cervical cancer screening.
- Flu shot.

PCP must sign and date below to approve enrollment in Weight Watchers.

Signature: _____ **Date:** _____

This form can be returned via email at CareManagement_KY@passporthealthplan.com or via fax at (800) 983-9160. If you have questions, please call the Healthcare Services team at (800) 578-0775.

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