

Health Education Referral Form

IPA Providers Only

Complete all requested information (please print clearly).

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 le	eave messages at home: YES NO
PCP Information		
Name:		
Address:		
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 (562) 901-1176 or MHIHealthEducationMailbox@MolinaHealthCare.Com. 2. Fax required documentation with all referrals.		
☐ Pregnancy (EDC):	old) General Nutrition (not to be used for Weight Management) Depression (18+ years old) agement (18+ years old): Telephonic weight management consultation with a Health Educator	
Resources for Providers		
Educational materials are available in the listed topic areas below. Please visit the following links to download and/or print on demand: <u>Health Education Materials</u> and <u>Clear and Easy Booklets</u> .		
Appropriate Use of Healthcare Services (ie: Make the most of your healthcare visit, How to take care of your sick family) Risk Reduction and Healthy Lifestyles (ie: Exercise, Stop Smoking, Kids and Healthy Weight, etc.) Self-Care and Management of Health Conditions (ie: Hypertension, Diabetes, Asthma, etc.) Pregnancy and Postpartum (ie: Signs and Stages of Labor, Prenatal Care, Anemia, etc.) Behavioral Health Management (ie: Depression, Eating Disorders, Substance Abuse, etc.)		
For available educational classes or if you have any questions, please contact us at HEQMOIINAHEAITHCARE.com or member services at (888) 665-4621.		