

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 leave 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 (800) 642-3691 or MHIHealthEducationMailbox@MolinaHealthCare.Com.
2. Include required documentation with all referrals.

- | | |
|--|--|
| <input type="checkbox"/> Asthma (2+ years old) | <input type="checkbox"/> General Nutrition (not to be checked for weight management) |
| <input type="checkbox"/> Pregnancy (EDC): | <input type="checkbox"/> Depression (18+ years old) |
| <input type="checkbox"/> Adult Weight Management (18+ years old): Telephonic weight management consultation with a Health Educator | |

Medical Nutrition Therapy (Consultation with Registered Dietitian)

For all MNT referrals, please attach most recent progress notes and labs

- | | | |
|--|--|---|
| <input type="checkbox"/> Failure to Thrive | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Nutrition Assessment (specify need): |
| <input type="checkbox"/> Liver Failure | <input type="checkbox"/> Oncology | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Multiple Food Allergies | <input type="checkbox"/> Renal Failure | |

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: [Health Education Materials](#) and [Clear and Easy Booklets](#).

Appropriate Use of Healthcare Services (i.e.: Make the most of your healthcare visit, how to take care of your sick family)

Risk Reduction and Healthy Lifestyles (i.e.: Exercise, Stop Smoking, Kids and Healthy Weight, etc.)

Self-Care and Management of Health Conditions (i.e.: Hypertension, Diabetes, Asthma, etc.)

Pregnancy and Postpartum (i.e.: Signs and Stages of Labor, Prenatal Care, Anemia, etc.)

Behavioral Health Management (i.e.: Depression, Eating Disorders, Substance Abuse, etc.)