

Health Education Referral Form

Complete Sections A – D • Fax to 323-889-5407

A. Provider Information																									
Provider name:	Person completing referral: (if other than provider)																								
Phone number:	Fax number:																								
B. BSC Promise Patient Information-- Please verify member's current phone number.																									
Patient's name:	Referral date:																								
BSC Promise Member ID #:	Phone number:																								
DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Other:																								
If patient is a minor, please provide parent/legal guardian's information:																									
Name:	Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Other:																								
C. Service Requested																									
<input type="checkbox"/> Health Education class <input type="checkbox"/> Individual counseling* (non-MNT) <input type="checkbox"/> Support group <input type="checkbox"/> Brochure *For medical nutrition therapy (MNT) consultations with a Registered Dietitian, please submit request via Treatment Authorization Request (TAR) to patient's Medical Group.																									
Select Topic	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Age-Specific Anticipatory Guidance**</td> <td><input type="checkbox"/> COPD</td> <td><input type="checkbox"/> Injury Prevention</td> <td><input type="checkbox"/> Stress Management</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Nutrition</td> <td><input type="checkbox"/> Substance Abuse</td> </tr> <tr> <td><input type="checkbox"/> Breastfeeding</td> <td><input type="checkbox"/> Family Planning</td> <td><input type="checkbox"/> Obesity</td> <td><input type="checkbox"/> Tobacco Cessation</td> </tr> <tr> <td><input type="checkbox"/> CHF</td> <td><input type="checkbox"/> HIV/STD Prevention</td> <td><input type="checkbox"/> Parenting</td> <td><input type="checkbox"/> Unintended Pregnancy</td> </tr> <tr> <td><input type="checkbox"/> Cholesterol</td> <td><input type="checkbox"/> Hypertension</td> <td><input type="checkbox"/> Perinatal/Pregnancy</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Complimentary & Alternative Medicine</td> <td><input type="checkbox"/> Immunizations</td> <td><input type="checkbox"/> Physical Activity</td> <td></td> </tr> </table> <p>** including information that children can be harmed by exposure to lead</p>	<input type="checkbox"/> Age-Specific Anticipatory Guidance**	<input type="checkbox"/> COPD	<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Stress Management	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Family Planning	<input type="checkbox"/> Obesity	<input type="checkbox"/> Tobacco Cessation	<input type="checkbox"/> CHF	<input type="checkbox"/> HIV/STD Prevention	<input type="checkbox"/> Parenting	<input type="checkbox"/> Unintended Pregnancy	<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Perinatal/Pregnancy	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Complimentary & Alternative Medicine	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Physical Activity	
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Provider notes (i.e., A1C, BMI):																									
D. Additional Health Education Resources																									
Direct referral to Health Education classes: Select the appropriate class for the member and we will follow up with the member to enroll them in the class. Please let the member know you are referring them to health education class. Most classes are held in English, Spanish, Mandarin, and Cantonese. For members who speak another language, we will provide them with individual counseling through a telephonic interpreter.																									
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Health Education materials and video library: blueshieldca.com/healtheducationlibrary																									
BSC Promise Health Education use only																									
Referral outcome:																									
Provider Notification Date:																									