blue california
Promise Health Plan

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:** ☐M ☐F	**Language:** ☐English ☐Spanish ☐Mandarin ☐Cantonese ☐Other:

If patient is a minor, please provide parent/legal guardian's information:

Name: **Language:** ☐English ☐Spanish ☐Mandarin ☐Cantonese ☐Other:

C. Service Requested

For medical nutrition therapy (MNT) consultations with a Registered Dietitian, please submit request via Treatment Authorization Request (TAR) to patient's Medical Group.

☐ **class** ☐ **individual counseling (non-MNT)** ☐ **brochure** ☐ **support group**

Select Topic

☐ Age-Specific Ant. Guidance*	☐ COPD	☐ Injury Prevention	☐ Stress Management
☐ Asthma	☐ Diabetes	☐ Nutrition	☐ Substance Abuse
☐ Breastfeeding	☐ Family Planning	☐ Obesity	☐ Tobacco Cessation
☐ CHF	☐ HIV/STD Prevention	☐ Parenting	☐ Unintended Pregnancy
☐ Cholesterol	☐ Hypertension	☐ Perinatal/Pregnancy	☐ Other:
☐ Complimentary & Alternative Medicine	☐ Immunizations	☐ Physical Activity	

* including information that children can be harmed by exposure to lead

Provider notes (i.e., A1C, BMI):

D. Additional Health Education Resources

- **Direct referral to Health Education classes:** Refer member directly to a BSC Promise Health Education class. Check appropriate class and we will contact patient. Most classes are held in English, Spanish, Mandarin, and Cantonese. Please let patient know you are referring them to health education class.

Virtual Classes		In-person classes (LA County only)	
☐ Bone Strength	☐ Healthy Living During the Holidays	☐ Adult Weight Man	☐ Pediatric (7-11 years) Weight Man
☐ Diabetes Man	☐ Nutrition	☐ Diabetes Man	☐ Self-Management of Chronic Conditions
☐ Goal setting	☐ Tobacco Cessation	☐ Hypertension	☐ Tobacco Cessation
☐ Heart Health			

- **Health Education brochures:** Print health education brochures at: https://www.blueshieldca.com/bsca/bsc/wcm/connect/sites/sites_content_en/bsp/health-wellness/health-education

BSC Promise Health Education use only

Referral outcome:

Provider Notification Date: