

Clinical Health Promotion Program Referral Form

Thank you for referring your patient(s) to our Healthy Families Program. This program offers families of members who are ages 7 to 17 assistance with leading a healthy lifestyle and reducing childhood obesity. Our team helps each member by providing education, community resources, and an individualized plan of care over a 6 month period of time. All information contained on this form is strictly confidential and may become part of your patient's record.

Referring Physician Information	
Referring physician's name:	Referring physician's phone:
Referring physician's email:	
Member Information	
Member name:	Referral date:
Member ID:	Member DOB:
Member phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Member email:	
Reason for referral	
<p>*Healthy Families Program: Program offered to children and teens ages 7 to 17.</p> <input type="checkbox"/> Healthy Living/Nutrition <input type="checkbox"/> Weight Management	
Member Information	
Member name:	Referral date:
Member ID:	Member DOB:
Member phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Member email:	
Reason for referral	
<p>*Healthy Families Program: Program offered to children and teens ages 7 to 17.</p> <input type="checkbox"/> Healthy Living/Nutrition <input type="checkbox"/> Weight Management	

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Member name:	Referral date:
Member ID:	Member DOB:
Member phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Member email:	

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Reason for referral
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Additional comments

Please email this form to DM-PHP-Provider-Referrals@anthem.com

For more information about the Clinical Health Promotion Program, visit our website at <https://providers.healthybluelia.com/la/Pages/disease-management.aspx>.