

## 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 six-month period. All information contained on this form is strictly confidential and may become part of your patient's record.

<b>Referring physician information</b>	
Referring physician's name:	
Referring physician's phone:	
Referring physician's email:	
<b>Member information</b>	
Member name:	
Referral date:	State Member ID:
Member DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/guardian phone:	
Parent/guardian email:	
Reason for referral to Healthy Families Program (program offered to children and teens ages 7 to 17): <input type="checkbox"/> Healthy living/nutrition <input type="checkbox"/> Weight management	
<b>Member information</b>	
Member name:	
Referral date:	State Member ID:
Member DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/guardian phone:	
Parent/guardian email:	
Reason for referral to Healthy Families Program (program offered to children and teens ages 7 to 17): <input type="checkbox"/> Healthy living/nutrition <input type="checkbox"/> Weight management	
<b>Member information</b>	
Member name:	
Referral date:	State Member ID:
Member DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/guardian phone:	
Parent/guardian email:	
Reason for referral to Healthy Families Program (program offered to children and teens ages 7 to 17): <input type="checkbox"/> Healthy living/nutrition <input type="checkbox"/> Weight management	
<b>Member information</b>	
Member name:	
Referral date:	State Member ID:
Member DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/guardian phone:	
Parent/guardian email:	
Reason for referral to Healthy Families Program (program offered to children and teens ages 7 to 17): <input type="checkbox"/> Healthy living/nutrition <input type="checkbox"/> Weight management	
<b>Additional comments</b>	
<b>Email this form to <a href="mailto:DM-PHP-Provider-Referrals@healthybluela.com">DM-PHP-Provider-Referrals@healthybluela.com</a>.</b>	

For more information about the Clinical Health Promotion Program, visit our website [here](#).

<https://provider.healthybluela.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BLAPEC-2779-21 October 2021