Anthem Blue Cross and Blue Shield Medicaid

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.

Referring physician information	
Referring physician's name:	
Referring physician's phone:	
Referring physician's email:	
Member information	
Member name:	
Referral date:	State member ID:
Member DOB:	Gender: ☐ Male ☐ Female
Parent/guardian phone:	
Parent/guardian email:	
Reason for referral to Healthy Families Program (program offered to children and teens ages 7 to 17): ☐ Healthy living/nutrition ☐ Weight management	
Member information	
Member name:	
Referral date:	State member ID:
Member DOB:	Gender: ☐ Male ☐ Female
Parent/guardian phone:	
Parent/guardian email:	
Reason for referral to Healthy Families Program (program offered to children and teens ages 7 to 17): ☐ Healthy living/nutrition ☐ Weight management	
Member information	
Member name:	
Referral date:	State member ID:
Member DOB:	Gender: ☐ Male ☐ Female
Parent/guardian phone:	
Parent/guardian email:	
Reason for referral to Healthy Families Program (program offered to children and teens ages 7 to 17): ☐ Healthy living/nutrition ☐ Weight management	
Member information	
Member name:	
Referral date:	State member ID:
Member DOB:	Gender: ☐ Male ☐ Female
Parent/guardian phone:	
Parent/guardian email:	
Reason for referral to Healthy Families Program (program offered to children and teens ages 7 to 17): ☐ Healthy living/nutrition ☐ Weight management	

ACCREDITED NCQA HEALTH PLAN ACCREDITED
ACCREDITED NCQA MANAGED BEHAVIORAL HEALTHCARE ORGANIZATION FULL
DISTINCTION NCQA MULTICULTURAL HEALTH CARE

https://providers.anthem.com/ky

KYBCBS-CD-013328-22-CPN12447 January 2023

Additional comments
Email this form to Condition-Care-Provider-Referrals@anthem.com.

For more information about the Clinical Health Promotion Program, visit our website **here**.

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.