

## 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

**\*Healthy Families Program:** Program offered to children and teens ages 7 to 17.  
☐ Healthy Living/Nutrition  
☐ 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

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<https://mediproviders.anthem.com/ky>

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 AKYPEC-2613-20 January 2021

| 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  |
|--|
| <b>*Healthy Families Program:</b> Program offered to children and teens ages 7 to 17.<br><input type="checkbox"/> Healthy Living/Nutrition<br><input type="checkbox"/> Weight Management |

| Member information |   |
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| Member name:       | Referral date:  |
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| Reason for referral  |
|--|
| <b>*Healthy Families Program:</b> Program offered to children and teens ages 7 to 17.<br><input type="checkbox"/> Healthy Living/Nutrition<br><input type="checkbox"/> Weight Management |

| Additional comments                      |
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| <br><br><br><br><br><br><br><br><br><br> |

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|---|
| <b>Please email this form to <a href="mailto:DM-PHP-Provider-Referrals@anthem.com">DM-PHP-Provider-Referrals@anthem.com</a></b> |
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For more information about the Clinical Health Promotion Program, visit our website at  
<https://mediproviders.anthem.com/ky/Pages/disease-management.aspx>.