



Health Education Referral Form

L.A. Care Medicare Plus (HMO D-SNP), LACC, MCLA and PASC-SEIU Members

Health in Motion™

Date: _____ Referred By: _____ L.A. Care Staff Provider

Provider Information

Provider Name: _____ License #: _____ Phone #/Extension: _____

PCP Office/PPG: _____ Location: _____ Fax#: _____

Member Information

Member Name: _____ Date of Birth: _____ Member Identification #: _____

Primary Phone #: _____ Language Spoken/Written: _____ / _____

Special Needs: Vision Impaired Hearing Impaired Cognitive / Intellectual/ Developmental Disability Physical Disability

Was member informed of referral? Yes No Date: _____ Member Height: _____ Member Weight: _____

Adult BMI: _____ Pediatric BMI %ile/age: _____ Reason for Referral/Comments: _____

SERVICES ARE PROVIDED THROUGH INDIVIDUAL TELEPHONIC, GROUP IN-PERSON OR ONLINE, EDUCATION

<input type="checkbox"/> Program	Program Description
<input type="checkbox"/> Diabetes Self-Management Education & Support Program	A 4-session program to teach diabetes self-care, with either telephonic or in-person sessions. ADA recognized.
<input type="checkbox"/> Diabetes Prevention Program	A 1-year program, including 6 months of weekly workshops and 6 months of monthly meetings, to help prevent or delay type 2 diabetes by promoting weight loss and behavior changes. CDC certified.
<input type="checkbox"/> Pediatric Nutrition and Healthy Lifestyle	2-6 sessions to teach how developmental stages and parenting styles are linked to eating behaviors, the principles of healthy eating and how to promote a balanced relationship with food, body and physical activity.
<input type="checkbox"/> Adult Weight Management	Self-paced online program and access to a health coach to help participants reach a healthier weight.
<input type="checkbox"/> Asthma Basics	Program Information on risk factors for asthma, triggers, medication adherence, and the use of peak flow meters and spacers.
<input type="checkbox"/> Breathe well with COPD	Guidelines for improving physical activity levels, proper nutrition, adherence to medications, and coping skills.
<input type="checkbox"/> Fall Prevention for Older Adults	Steps to take to prevent falls and learn about resources.
<input type="checkbox"/> Healthy Eating "My Plate"	How to plan healthy menus for the family by including all basic food groups and balancing portion sizes.
<input type="checkbox"/> Healthy Heart Basics	The basics of physical activity and nutrition to prevent heart disease.
<input type="checkbox"/> My Healthy Bones	How to keep bones strong through healthy eating and physical activity.
<input type="checkbox"/> Physical Activity "Burn Rubber"	The role of physical activity in health and tips to increase physical activity.
<input type="checkbox"/> Lifestyle for Diabetes Prevention "Little Sugar in the Blood"	Lifestyle advice to help prevent or delay the onset of Type 2 diabetes.
<input type="checkbox"/> "What To Do When You Are Having A Baby"	Self-care during pregnancy and after delivery.
<input type="checkbox"/> Stress Management	Signs and symptoms of stress, effects on health, and ways to manage stressors.
<input type="checkbox"/> Tobacco Cessation	Ways to quit smoking, overcome triggers and barriers, and resources for additional support.
<input type="checkbox"/> Health for Her	Learn about importance of preventive screenings.
<input type="checkbox"/> My Health in Motion™	Online wellness platform access to a wellness assessment with a personalized health risk report, over 20 learning modules, online health coaching, ability to message a Health Coach, capability to connect to health devices, and a health library. Member will be contacted over the telephone to guide them through the registration process.

NOTE: This communication is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential or otherwise exempt from disclosure under applicable law. If you are not the intended recipient, or the employee or agent responsible for delivering this communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender and delete any copies. **L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017, Tel: (213) 694.1250 Ref 2020/2/14**

Fax completed referral form to **213.438.5042** | FOR QUESTIONS CALL **855.856.6943**