



**PROVIDER REFERRAL FORM**  
**Fit Families for Life- *Be in Charge!*<sup>SM</sup> Program**  
**Medi-Cal**

Fax the completed form to the Health Net\* Health Education Department at **800-628-2704** or by email at [healtheducationdept@healthnet.com](mailto:healtheducationdept@healthnet.com).

For questions or to check the status of a submitted referral, contact the Health Education Department directly at 800-804-6074.

**Provider: Please complete the information below before sending the referral form by fax or email.**

**Health Net member information:**

Member full name: \_\_\_\_\_ Member ID: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred written language:  English  Spanish  Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Parent/Legal guardian full name: \_\_\_\_\_

**Select requested weight management resources:**

**Fit Families for Life (FFFL) – Home Edition**

Five week, self-study, home-based family program aimed at improving food choices and physical activity. Includes a booklet, cookbook, exercise stretch band and access to online workout videos.

**Healthy Habits Healthy People (HHHP)**

Weight management program for older adults aimed to improve food choices and physical activity. Includes a booklet, cookbook, exercise stretch band and access to online workout videos.

**Physician information:**

Name: \_\_\_\_\_ License number: \_\_\_\_\_

Clinic/provider group name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

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