



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

Fax the completed form to the Plan Health Education Department at **800-628-2704** or by email at 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.

Community Health Plan of Imperial Valley 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: _____