

# Healthy Weight for Life Referral Form



## Instructions:

- Please print clearly.
- Use this form to refer eligible **Alliance children ages 2-18** whose BMI is  $\geq$  **85th** percentile.
- Payment is subject to member eligibility; please verify current eligibility prior to providing services.

**Note:** Providers receive \$25 for an initial referral form and \$50 for a follow-up form received 6-12 months later. Payments are per approved form, per linked member, per year.

- **Fill out the referral form completely and make sure that the required data is provided (denoted by asterisks \*\*).**
- Incomplete forms will not be processed.
- Providers must submit all fee-for-service incentive forms within 21 business days from the date of service.
- Please review, reinforce, and modify as necessary the **“Healthy Weight for Life ~ Rx”** form and give a copy to the patient.
- Fax this completed referral form to: **1 (877) 793-8504.**

Provider name: \_\_\_\_\_ Practice NPI\*\*: \_\_\_\_\_ Rendering Provider NPI: \_\_\_\_\_

Provider phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Patient name: \_\_\_\_\_ Alliance ID #\*\* : \_\_\_\_\_

Patient phone #: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender:  Male  Female

## Does the patient have any of the following comorbidities?

- Pre-diabetes       Diabetes        $\geq$ 3 BMI percentile point increase within the last 6 months
- Sleep apnea       Other risk factors: \_\_\_\_\_

## Body Mass Index (BMI) Assessment:

	Date of Service **	Age at Time of Measurement	Height in Inches **	Weight in Pounds**	(BMI) Value**	BMI Percentile** <i>Exact BMI Percentile Only</i>
Initial Assessment						
6-Month Follow-up Reading						
12-Month Follow-up Reading						

\* To Calculate BMI data please use the CDC’s Child and Teen Calculator: <https://nccd.cdc.gov/dnpabmi/Calculator.aspx>

\*\* Note: Form must have these minimum data requirements in order to be approved.

## The following areas were covered during today’s visit: (Please check all that apply)

- I have counseled the patient regarding **healthy food choices** and portion sizes
- I have counseled the patient regarding regular **physical activity**
- I have counseled the patient regarding the Alliance’s **Healthy Weight for Life** program
- I have given the patient the **“Healthy Weight for Life ~ Rx”** form

**Physician/patient comments:** \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Note:** Please check the Provider Portal to verify receipt and approval/rejection of this form. If you have questions, please call **1 (800) 700-3874 ext. 5580.**

# Healthy Weight for Life ~ Rx



Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your doctor cares about your health. The "5210 +" goals below can help you improve your health one day at a time.

- 5** Eat at least **5** fruits and vegetables each day (fresh or frozen are best).
- 2** Limit screen time to **2** hours or less each day (TV, video games, computers).
- 1** Be active at least **1** hour each day (walk, ride a bike, play sports, etc.).
- 0** Drink **0** sodas or sweet drinks each day (such a sweet tea, sports drinks, etc.).
- +** Get plenty of sleep.

You might not be ready to make all of these changes at once. Which changes are you ready to make now to be more healthy?

- 5** Eat at least \_\_\_\_\_ fruits and vegetables each **day**.
- 2** Limit screen time to \_\_\_\_\_ hours or less each **day**.
- 1** Be active at least \_\_\_\_\_ minutes each **day**.
- 0** Drink no more than \_\_\_\_\_ sodas or sweet drinks each **week**.
- +** Get at least \_\_\_\_\_ hours of sleep each **day**.

Patient or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor/Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please give a copy of this form to the patient and keep a copy in the patient's chart.  
(Please do not fax this form to the Alliance.)

To learn more about the Alliance's **Healthy Weight for Life** program, call the Health Education Line at **1 (800) 700-3874 ext. 5580** or go to [www.ccah-alliance.org](http://www.ccah-alliance.org) and click on "Members", Health Programs Sections.