

Weight Watchers Referral Form

Members:

- Must be enrolled with Passport by Molina Healthcare Medicaid
- Must be 18 years or older and have a BMI of ≥ 27
- Cannot be pregnant at the time of referral
- Cannot have an active diagnosis of anorexia and/or bulimia

PCP Information

Date of Referral	Name	Phone Number
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Clinic Name

Member Information

Name	Passport ID Number	Date of Birth
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Member Address

Telephone Number	*Email Address (required)
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Date Completed	Who is Completing This Form for You?
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Does the member have any of these?

- Asthma
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Hypertension
- Obesity
- Prediabetes
- Other: _____
- Does not have any conditions

Recent Medical Information:

Height:

Weight:

BMI:

Blood Pressure:

HbA1C:

Member is up-to-date with preventive tests and screenings:

YES NO (if "NO," please help the member become up to date)

Examples:

- A1c and retinal eye exam for diabetic members
- Breast, colorectal and cervical cancer screening
- Flu shot and any other applicable immunizations

PCP must sign and date below to approve enrollment in Weight Watchers.

Signature: _____ **Date:** _____

This form can be returned via email at kycaremanagement@MolinaHealthcare.com or via fax at (800) 983-9160. If you have questions, please call the Healthcare Services team at (800) 578-0775.

*This is a digital program. Email address is REQUIRED to access the WW Digital program via website or smart device (i.e. tablet or smartphone).

