



A Public Entity

Inland Empire Health Plan

Wellness Programs Health Education Referral Form

Please fax completed form to 909-890-2734, or mail to IEHP. If patient has not been registered within 2 weeks he or she can call Member Services at 1-800-440-IEHP (4347).

Required - Please Print

Incomplete referrals will not be processed

Today's Date: _____ Patient's Name: _____ Phone #: _____

Date of Birth: _____ IEHP #: _____ Patient's City:
of Residence: _____

Physician Name: _____ Phone #: _____ Fax #: _____

Physician Signature (required): _____

Program Requesting

Family Asthma

Car Seat Safety
EDC: _____

Healthy Babies

Living Well With
a Disability

Stop Smoking

Program Requesting - This section must be **completely** filled out for processing

Diabetes Self-Management

Blood Pressure Management

Healthy Heart

Weight Loss Programs

• Height _____ (in.) Weight _____ (lbs.) BMI _____

Total # of pounds to lose _____ Blood Pressure _____

• Can patient participate in mild to moderate physical activity?

Yes No Explain: _____

Is patient pregnant? Yes No

Please List Current Medications:

Lab Work:

Date of lab values _____

HDL _____

Hemoglobin A1C _____

LDL _____

Microalbuminuria _____

Triglycerides _____

Fasting Blood Sugar _____

Cholesterol _____

Please List Diagnosis:



Instructions For Completing The Health Education Referral Form

Thank you for referring your patients to the IEHP Wellness Programs. To ensure that all referrals are processed quickly, please follow these steps:

1. Fill in the patient information and physician information, located at the top of the page, in its entirety. Please write legibly or print the information. The physician must sign the referral form.
2. Indicate the desired Wellness Program(s) for the patient.
3. Fill in all relevant patient health data.
4. For a referral to the Car Seat Safety Program, please write in the patient's expected delivery date.
5. Fax the completed referral form to: IEHP Health Education Department at (909) 890-2734, or mail to IEHP, Wellness Unit, P.O. Box 19026, San Bernardino, CA 92423-9026.

You can make photocopies of this referral form, or you can call your IEHP Provider Services Representative for more copies. If you have questions regarding any of the programs, please contact the IEHP Wellness Unit at (866) 224-4347.