



REFERRAL TO HEALTH EDUCATOR

FOR PRIMARY CARE PROVIDER USE ONLY

6704 Curtis Ct.
 Glen Burnie, MD 21060
 FAX: 410-424-4896
 PHONE: 410-424-4821
 Email: pplthed@jhhc.com

Instructions: Complete this form and submit by fax or mail.
 You will receive confirmation once processed.
***required information**

Member Information:			
* Date:	*Member Name:		
*Member #	*Referring Person:		
* Member Phone:	*Referring Person Telephone:		
Parent or Gaurdian:			
*Current Address:	*PCP Name:		
City:	*PCP Email:		
State:	Zip code:	PCP Phone:	*Site:

Please indicate which educational program for which you would like us to contact the member:

Category	Referral	Category	Referral
Asthma	<input type="checkbox"/>	Lead: High Level	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	Lead: Look at your home	<input type="checkbox"/>
Diabetes: Childhood	<input type="checkbox"/>	Lead: Nutrition	<input type="checkbox"/>
Diabetes: Dietary	<input type="checkbox"/>	Multiple Medication	<input type="checkbox"/>
Diabetes: Eye Exam	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Diabetes: Family	<input type="checkbox"/>	Obesity	<input type="checkbox"/>
Diabetes: Foot Care	<input type="checkbox"/>	Over the Counter Medication	<input type="checkbox"/>
Diabetes: General	<input type="checkbox"/>	Poison Prevention	<input type="checkbox"/>
Diabetes: Other	<input type="checkbox"/>	Pregnancy: Childbirth Class	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	Pregnancy: General	<input type="checkbox"/>
Family Planning	<input type="checkbox"/>	Pregnancy: Nutrition	<input type="checkbox"/>
Heart	<input type="checkbox"/>	Pregnancy: Second Hand Smoke	<input type="checkbox"/>
Immunization	<input type="checkbox"/>	Pregnancy: Smoking	<input type="checkbox"/>
Improve Communication between PCP/Patient	<input type="checkbox"/>	Priority Partners Benefits	<input type="checkbox"/>
		Smoking Cessation	<input type="checkbox"/>
Other:			

Would you like the Health Educator to contact you regarding the material presented to the member: Yes No

Reason for request or special information regarding the request: