



NH Healthy Families Referral Form

Date faxed:

Referral From*

Referral To*

Healthy Solutions for Life – Disease Management Health Coach
Program offered in partnership with NH Healthy Families
• 877-676-7700 phone • 877-677-6781 fax

Priority Level*

Non-urgent

Member Information*

Name: _____ **DOB:** _____
Address: _____ **City:** _____ **State:** NH **ZIP:** _____
Email: _____ **Preferred Phone:** _____
Preferred Calling Time: Morning (8 a.m. - 12 noon)

Primary Diagnosis: _____ **Is patient aware of this referral? Yes**

Referral Reason

- Asthma Diagnosis of asthma

- COPD Diagnosis of COPD

- Diabetes Diagnosis of diabetes or pre-diabetes

- Heart Disease Diagnosis of heart disease, carotid artery disease, peripheral vascular disease or abdominal aortic aneurysm. History of heart attack, heart bypass surgery or stent procedure.

- Heart Failure Diagnosis of heart failure or hospital admission for heart failure

- Tobacco Cessation Desires to set a quit date within 30 days

- Puff Free Pregnancy Pregnant member less than 36 weeks gestation interested in quitting tobacco use.

- Weight Management (Adult) Desires to work on managing weight

Follow-up*

Is any follow-up required? Yes

If yes, please explain:

Comments

Outcome

Please fax this form back to Healthy Solutions for Life – 877-677-6781.

Internal Use Only

- Enrolled in Program Declined enrollment
- Did not return calls Unable to reach