



Weight Management Program Referral Form

Fax: 612.884.2497

Patient Information			
Patient Name	Date of Birth	UCare ID #	Product
Mailing Address		Phone Number	
Member speaks: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Somali <input type="checkbox"/> Russian			
<input type="checkbox"/> Other _____ Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Weight Management Plan developed by referring provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
***If available, please attach Medication List with referral		If 'Yes', Please fax with referral form.	

Provider Information		
Primary Care Provider/Title	Primary Care Clinic & Clinic ID	Phone
Case Manager/County Worker, if known	Clinic/County	Phone

Weight Management Program Eligibility	Weight Management Support Program
<p>Program Eligibility Includes:</p> <ul style="list-style-type: none"> • Diagnosis of obesity • Currently taking a weight loss medication • Age 18+ years old • Products: Connect, Connect + Medicare, MnCare, MSC+, MSHO, PMAP <p>Exclusions for DM Programs Include: Diagnosis of ESRD (End Stage Renal Disease), On Hospice Care, In Long-Term Care Facility, On Dialysis</p> <p>QUESTIONS: Call the Disease Management Message line at 612-676-6539</p>	<p>Program Services:</p> <ul style="list-style-type: none"> • Support from a registered dietician • Education provided on weight management • Manage weight loss, with or without medication • Design a personalized nutrition plan • Access to helpful guides, recipes and tips • Real-time feedback and chat with clinical team via secure app • Ability to connect to smart devices and share results with clinical team • Set goals and track progress <p>Is the member agreeable to participating in the program? <input type="checkbox"/> Yes</p>

Referral Source	
Care Manager	Phone
Do you want to be contacted regarding the status of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Referral

Please fax to UCare at: 612.884.2497