Referral for Wellness

WRC Fax: (505) 449-4472

Individual's Name:
Preferred Name:
Parent/Guardian Name:

Date:
MRN:

Wellness Program(s): Chronic Disease Self-Management Program (general chronic disease)
Chronic Pain Self-Management Program   Diabetes Self-Management Program
Cancer: Thriving & Surviving   Diabetes ReCHARGE (DSMES)
National Diabetes Prevention Program/for Prediabetes
Healthier Eating: Cooking Classes   Hypertension   Physical Activity

Comments:

Food Farmacy Program (Central New Mexico PHS and PHP only)
Food Farmacy
(If referral is ONLY for Food Farmacy, please email to Sophie Tate: state2@phs.org)
(Community Health CHWs: please create a referral in Epic for Food Farmacy)

Individual's Demographics   **Known Transportation Issues**
Address: **Zip Code:**   **Phone:**
DOB: **Gender:**

Race/Ethnicity
American Indian/Native American   White/Caucasian   Asian/Pacific Islander   Black/African
Hispanic, Latino or of Spanish origin   Other:

Preferred Language
Spanish   English   Other:

Spanish Speaking Class Requested
Yes   No

Insurance (please mark **ALL** that apply)
Medicaid   Medicare   Self-Pay   Other:
BlueCross BlueShield   United Healthcare   Molina Healthcare   Presbyterian Health Plan

Individual's or Parent/Guardian Signed Consent — *Persona o Padre/Guardián Firmaron un Consentimiento*
I understand and agree that the Wellness Referral Center (WRC) will contact me about free community health programs, and the WRC will inform the person referring me to the WRC about my participation.
Entiendo y acepto que el Wellness Referral Center (WRC) se va a contactar conmigo acerca de programas de salud libres de costo en la comunidad, y el WRC le informará a la persona que me refiere de mi participació.

Initials of referring person for verbal consent:

Referring Provider Location/Type:
Referring Provider Name: **Email:**
Phone:
Date sent to WRC:
I would like feedback on my patient/member participation monthly via email: YES   NO

- For **WELLNESS PROGRAMS ONLY**, fax completed referral form to the WRC: **(505) 449-4472** or send via secure email to: **info-wrc@adelantesecure.org**.
- For **FOOD FARMACY ONLY**, send via secure email to Sophie Tate: **state2@phs.org**.
- For **BOTH Wellness Program AND Food Farmacy** referrals, please follow BOTH steps above.

For non-encrypted email conversations/questions please email **info@wellnessreferralcenter.com**.
****Per HIPAA standards, ANY email that contains PHI must be encrypted.****