

Referral Form  
Contra Costa Health Plan Disease Management Program  
Phone: 925-313-6968 Fax: 925-313-6870

**Program Description/Referral Guidelines**

**Program Description:** Contra Costa Health Plan's (CCHP) Disease Management Program is aimed at improving the health outcomes for people with diabetes and for children with obesity. The program uses a multi-faceted approach to achieve the best possible therapeutic outcomes based on assessment of program participant needs, evaluation, ongoing care monitoring, and tailored program participant/practitioner interventions.

**Referral Guidelines:**

- Pediatric Obesity-children must be ages 2-11, with a BMI%ile greater than or equal to 95
- Diabetes- All members with type I or II diabetes ages 18-75 are eligible

**Patient Information-Diabetes Referral**

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ MR# \_\_\_\_\_  
HgbA1c \_\_\_\_\_ BP: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Language spoken: \_\_\_\_\_

**Patient Information-Child Obesity Referral**

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ MR# \_\_\_\_\_  
Recorded Weight: \_\_\_\_\_ Recorded Height: \_\_\_\_\_ BMI %ile \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Language spoken by parent: \_\_\_\_\_

**Provider Information**

Provider Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Fax number \_\_\_\_\_ Email Address: \_\_\_\_\_  
Comments/Concerns: \_\_\_\_\_