

Wellness Programs Referral Form



Our wellness programs are designed to keep people healthy. Vaya offers specialized programs to help you take greater control over your own health. You can learn more about our programs on our [Improve Your Wellness webpage](#). Please complete the information below for yourself or on behalf of a Vaya member.

Please email this completed form to GettingHealthy@vayahealth.com. For help, call Member and Recipient Services at 1-800-962-9003.

INFORMATION ABOUT THE PERSON MAKING THE REFERRAL	
Referral date:	Name of person completing this form:
Telephone:	Relationship to member:
MEMBER INFORMATION	
Name:	Date of birth:
Telephone:	Legal guardian (if applicable):
Physical address:	County:
Mailing address (if different than above):	
Primary care provider:	Telephone:
Tailored care management provider:	Telephone:
MEDICAID INFORMATION	
Does the member have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Medicaid ID (if known):
REFERRAL INFORMATION	
Medical conditions (check all that apply): <input type="checkbox"/> High blood pressure (Hypertension) <input type="checkbox"/> Tobacco use/exposure <input type="checkbox"/> Prediabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: _____	
Select the specific program for referral (check all that apply): <input type="checkbox"/> Diabetes Prevention <input type="checkbox"/> Diabetes Management <input type="checkbox"/> Asthma Management <input type="checkbox"/> Hypertension (high blood pressure) Management <input type="checkbox"/> Tobacco Cessation	
Provide any additional information that is important to know about this referral: 	