

This form is for Primary Care Providers. If you are a SCFHP member, you can register for health education classes on the mySCFHP member portal at member.scfhp.com or call SCFHP Customer Service at 1-800-260-2055 (TTY: 1-800-735-2929 or 711) 8:30 a.m. to 5:00 p.m., Monday - Friday.

Member Information

Name: _____ Date: _____

Date of Birth: _____ SCFHP ID: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Physician Information

Referring Physician: _____

Address: _____

Phone: _____ Fax: _____

- Classes and materials may be available in English, Spanish, Vietnamese, Chinese, and Tagalog.
- All classes require pre-registration.

<p>Chronic Disease Self-Management</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> General Chronic Disease/Condition Management (High Blood Pressure, Heart Disease, Arthritis, etc.)</p>	<p>Parent Education</p> <p><input type="checkbox"/> Basic Parenting</p> <p style="text-align: center;">Prenatal Education</p> <p><input type="checkbox"/> Child Birth Preparation</p> <p><input type="checkbox"/> Prenatal Breastfeeding</p> <p><input type="checkbox"/> Infant Care</p> <p><input type="checkbox"/> Infant & Child CPR/First Aid</p>
<p>Counseling & Support Service</p> <p><input type="checkbox"/> Stress Management</p> <p><input type="checkbox"/> Anger Management</p>	<p>Programs for Children</p> <p><input type="checkbox"/> Asthma Camp (Summer. Ages 6-12)</p> <p><input type="checkbox"/> Diabetes Prevention Day Camp (Summer. Grades K-10)</p> <p><input type="checkbox"/> Summer Swimming Lessons (Ages 6 mo. – 18 years)</p>
<p>Exercise & Fitness</p> <p><input type="checkbox"/> Fitness Center (All Year. Ages 13+)</p>	<p>Safety Programs</p> <p><input type="checkbox"/> Car Seat Safety</p>
<p>Nutrition & Weight Management</p> <p><input type="checkbox"/> Family Nutrition Education</p> <p><input type="checkbox"/> Weight Watchers</p>	<p>Smoking Cessation</p> <p><input type="checkbox"/> Smoking Cessation Workshop</p> <p><input type="checkbox"/> Smoker's Helpline</p>
<p>Other (Please specify)</p> <p>_____</p> <p>_____</p>	

Submit an online version of this form on Provider Link at providerportal.scfhp.com, or email/fax this form to SCFHP Health Education.