

Wellness Department
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Fax: (671) 647-3541
Email: wellness@takecareasia.com



Booking Website
wellnesscenter.takecareasia.com



Online Referral Form
tiny.cc/wellnessreferral

Member Information

Date: _____

Member Name: _____

DOB: _____

Member ID #: _____

Group Name: _____

Contact Numbers: _____

Email: _____

Physician Information

Facility or Clinic Name: _____

Referring Provider: _____

Primary Care Physician: _____

Clinical Information (Please provide ICD/CPT codes)

Diagnosis (ICD-10)

Procedure (CPT)

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

Reason for Referral:

Wellness Programs

Disease Management Program
Diabetes Self-Management and
Education Support (DSMES)

Diabetes Prevention Program (DPP)

Other: _____

Health and Wellness Consultation

Nutrition Consultation

Nicotine Cessation

Please attach relevant documents such as the latest provider consult notes, laboratory results, medication lists, etc.