



Weight Wise Referral - Pediatric (0 - 17 years old)

Please print clearly.

Weight Wise Pediatric Program Eligibility:

Children under 8 (< 8) years old: BMI ≥85th percentile

Must attach Growth Chart and blood pressure results. Lipid profile, liver enzymes, fasting insulin on NetCare.

Children 8 – 17 years old: BMI ≥85th percentile

Client Demographics

Name (last) _____ (first) _____

Street address _____ City _____ Postal Code _____

Home phone _____ Alternate phone _____

PHN _____ Sex M F Date of birth (dd / mm / yyyy) _____ / _____ / _____

Parent / Guardian Information (Last name, first name) _____

Street address _____ City _____ Postal Code _____

Home phone _____ Alternate phone _____ Relation to client _____

Referring Physician

Name _____

Phone _____

Fax _____

PRACID # _____

Family Physician or Pediatrician (if applicable)

Name _____

Phone _____

Fax _____

I confirm the parent / guardian is aware of this referral.

Anthropometry Date assessed (dd / mm / yyyy) _____ / _____ / _____

Weight (kg OR pounds) _____ BMI (kg / m²) _____

Height (cm OR inches) _____ BMI percentile _____

Medical History (Check all / any that apply)

- Hypertension
- Eating disorder
- Depression / Anxiety
- Dyslipidemia
- Obstructive Sleep Apnea
- ADHD
- Type 2 diabetes
- Asthma
- Neurodevelopmental Disorder
- Polycystic Ovary Syndrome
- Cognitive Impairment
- Other _____

Additional Information: Does family have any of the following issues / barriers that could inhibit weight management?

(Check all / any that apply)

- Financial issues _____
- Family / social functioning _____
- Cognitive impairment. _____
- Hearing, visual impairment, requires oxygen, etc. _____
- Activity (Mobility) limitations (e.g. wheelchair). _____
- Unable to speak or read English. Contact person and phone number _____
- Please specify language _____
- Other _____

Please fax completed form to Alberta Health Services Central Access – Edmonton Zone

Fax: 780-735-3553

Toll Free Fax: 1-866-979-3553

Phone: 780-401-2665