Alberta Health Services

Pediatric Weight Management Referral

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*
PHN	ULI ☐ Same as PHN / MRN
Administrative Gender ☐ Male ☐ Female ☐ Non-binary/Prefer not to disclose (X) ☐ Unknown	

Referrals are accepted from Physicians and Nurse Practitioners for patients ages 2-17 with a BMI greater than 95th percentile.

Referrals for eating disorders or those patients currently receiving care for moderate to severe mental health issues are not appropriate and would not be accepted.

Referral must meet program requirements and be accompanied by required information/investigations specified on the Alberta Referral Directory. Visit: www.albertareferraldirectory.ca and search 'Pediatric Centre for Wellness and Health'. View profile to find admission criteria and how/where to send referrals. Missing or incomplete information will result in delays.

Referring Provider/Source *(MD or NP)*			Date	
Phone	Fax		PRACID	
Primary Care Provider *(if applicable)*		Phone	Fax	
Other Care providers currently involved with the family *(Psychologists, Psychiatrists, Specialized Care Team)*				
Parent/Guardian *(First Name, Last Name)*			Phone	
Relationship	Address			
Email				
Language Spoken			Interpreter required? ☐ Yes ☐ No	

Referral Type *(check one)*

Assess child/family preference for preferred treatment option, stage of change, root causes and comorbidities to ensure referral to the most appropriate level of care

- ☐ Outpatient Dietitian Counselling
- ☐ Specialty Care (Pediatric Centre for Wellness and Health)
  - ☐ Parent/Guardian notified that they are required to attend appointments with patient

Anthropometry

Date Assessed *(yyyy-Mon-dd)*	Weight (kg)	Height (cm)	BMI (kg/M^2)	BMI for Age Percentile

Comorbidities *(check all that apply)*

- ☐ Hypertension → most recent Blood Pressure _____
- ☐ Polycystic Ovary Syndrome
- ☐ Medication induced weight gain
- ☐ Fatty Liver/Gallbladder disease
- ☐ Type 2 Diabetes
- ☐ Other *(specify)* _____
- ☐ Acanthosis Nigricans/Hyperinsulinemia
- ☐ ADHD/Neurodevelopmental Disorders
- ☐ Obstructive Sleep Apnea
- ☐ Depression/Anxiety
- ☐ Dyslipidemia
- ☐ ASD

Additional Information *(medications, family dynamics, social concerns)*

Submit with referral form

- ■ Current growth chart
- ■ Lab results for: Fasting Lipids, Fasting Glucose, A1C, ALT, Creatinine, Iron Studies, Liver Ultrasound/ Elastography *(if available)*