

Grande Prairie Bariatric Specialty Clinic Adult 17+ Referral

Please **Fax** completed form to 780.357.2578 or **Call** 780.538.7648.

Missing or incomplete information will delay processing.

Affix patient label within this box

Patient Demographics <i>(Please print clearly)</i>			
Name <i>(last, first, middle)</i>			
Street address	City	Postal Code	
Mailing address <i>(if different)</i>	City	Postal Code	
Phone number <i>(day)</i>	Phone number <i>(after hours)</i>		
Personal Health Number / Unique Lifetime Identifier	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth <i>(yyyy-Mon-dd)</i>
Care contact person <i>(specify relationship)</i>			Relationship
Referring Physician / Nurse Practitioner (NP)		Primary Care Physician / NP <i>(If different than Referring Provider)</i>	
Name		Name	
Phone number		Phone number	
Fax number		Fax number	
Practitioner Identification Number		Practitioner Identification Number	
Primary Care Network (PCN)		Primary Care Network (PCN)	
Specialists/Consultants involved in patient's care			
Name	Specialty	Phone number	
Name	Specialty	Phone number	
Referral Criteria			
1. BMI greater than or equal to 40 OR			
2. BMI greater than or equal to 35 with any weight-related co-morbidity such as cardiovascular disease, type 2 diabetes mellitus, sleep apnea, gall bladder disease, osteoarthritis, hypertension and/ or chronic pain.			
Current BMI _____ kg/m ²	Highest Recorded Weight _____ lb	Date <i>(yyyy-Mon-dd)</i> _____	
Current Weight _____ kg or _____ lb	Date <i>(yyyy-Mon-dd)</i> _____	<input type="checkbox"/> measured	<input type="checkbox"/> reported
Current Height _____ cm or _____ in	Date <i>(yyyy-Mon-dd)</i> _____	<input type="checkbox"/> measured	<input type="checkbox"/> reported
EOSS Stage <i>(Edmonton Obesity Staging System - see page 2)</i>		Weight Related Co-Morbidities <i>(please specify)</i>	
Has the patient had previous bariatric surgery? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes specify type of surgery _____			
Has a reversal been done? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(see page 2)</i> Date <i>(yyyy-Mon-dd)</i> _____			
Is patient a current smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does patient have significant mental health issues <i>(severe personality disorder, active psychosis, active substance dependencies, recent suicidal ideation or attempt in the past 6 months)</i> or has major cognitive or psychosocial issues that could be a barrier to lifestyle/behaviour changes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Requirements			
<input type="checkbox"/> Patient is unable to participate in group treatment <i>(Please specify)</i> _____			
<input type="checkbox"/> Hearing, visual impairment <i>(Please specify)</i> _____			
<input type="checkbox"/> Activity (Mobility) limitations, requires oxygen, etc <i>(Please specify)</i> _____			
<input type="checkbox"/> Unable to read or speak English <i>(Please specify language)</i> _____			
Translator/contact person _____		Phone number _____	

Affix patient label within this box

**Grande Prairie Bariatric Specialty Clinic Adult 17+
Referral**

Supporting Documents

Include relevant documentation that may inform Bariatric Assessment such as blood work, diagnostic imaging, consultant letters, discharge summaries, medications.

Edmonton Obesity Staging System (EOSS)

- | | |
|---|---|
| 0 | No apparent risk factors (e.g., blood pressure, serum lipid and fasting glucose levels within normal range), physical symptoms, psychopathology, functional limitations and/or impairment of well-being related to obesity. |
| 1 | Presence of obesity-related subclinical risk factors (e.g., borderline hypertension, impaired fasting glucose levels, elevated levels of liver enzymes), mild physical symptoms (e.g. dyspnea on moderate exertion, occasional aches and pains, fatigue), mild psychopathology, mild functional limitations and/or mild impairment of well-being. |
| 2 | Presence of established obesity-related chronic disease (e.g., hypertension, type 2 diabetes, sleep apnea, osteoarthritis), moderate limitations in activities of daily living and/or well-being. |
| 3 | Established end-organ damage such as myocardial infarction, heart failure, stroke, significant psychopathology, significant functional limitations and/or impairment of well-being. |
| 4 | Severe (potentially end-stage) disabilities from obesity-related chronic diseases, severe disabling psychopathology, severe functional limitations and/or severe impairment of well-being. |

Reference: Padwal RS, Pajewski NM, Allison DB, Sharma AM. Using the Edmonton obesity staging system to predict mortality in a population-representative cohort of people with overweight and obesity. CMAJ October 4, 2011; 183 (14) E1059-E1066.

Previous Bariatric Surgery

Previous bariatric surgical patient referrals will be directed to the Bariatric Revision Clinic in Edmonton.