

## Calgary Bariatric Specialty Clinic Adult Referral

Please **Fax** completed form to Endocrinology & Metabolism Program at 403.955.8634 or **Call** 403.955.8088.

Referrals with missing or incomplete information will not be processed

Affix patient label within this box

| Patient Demographics <i>(Please print clearly)</i>  |      |   |   |
|---|------|---|---|
| Name <i>(last, first, middle)</i>   |      |   | Date of Birth <i>(yyyy-Mon-dd)</i>                                  |
| Street address  | City | Postal Code   | Phone number <i>(day)</i>   |
| Mailing address <i>(if different)</i>   | City | Postal Code   | Phone number <i>(after hours)</i>                                   |
| Email address   |      | Gender  | PHN/ULI   |
| 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<br>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.<br>3. 18-64 years of age<br>4. Resident of Alberta   |      |   |   |
| Current BMI _____ kg/m <sup>2</sup>   |      | 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>  |      | Diabetes History<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes, Date of diagnosis <i>(yyyy-Mon-dd)</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 Date <i>(yyyy-Mon-dd)</i> _____  |      |   |   |
| Is patient a current smoker? <input type="checkbox"/> No <input type="checkbox"/> Yes   |      |   |   |
| 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"/> No <input type="checkbox"/> Yes |      |   |   |
| 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

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### Supporting Documents

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

See the Alberta Referral Directory for a complete list of required information

### Communication with Referring Physicians

- Each appointment is documented on a progress report and faxed to the referring physician to assist in communication.
- Obesity management (and other chronic disease management) is done according to clinical practice guidelines.
- Laboratory requisitions for appropriate laboratory work related to patient care (e.g., post surgery) will be done in collaboration with primary care procedures and guidelines (*available upon request*) in accordance with provincial laboratory work protocol.
- Medication adjustments or recommendations may be made according to program guidelines (*available upon request*) and/or specific physician orders.

### 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