

Visit [ahs.ca/cdmcalgaryzone.asp](http://ahs.ca/cdmcalgaryzone.asp) for information on the Alberta Healthy Living Program.  
 For referral information visit [InformAlberta.ca](http://InformAlberta.ca) or [AlbertaReferralDirectory.ca](http://AlbertaReferralDirectory.ca).

**Important notes**

Patients must be 18 years or older.

A referral from a physician or NP is required for Supervised Group Exercise. Self - referrals are welcome for Better Choices, Better Health® (BCBH®), Group Education, and Nutrition Services.

Patients referred to Supervised Group Exercise program must have a Family Physician/NP.

Incomplete and illegible referrals will not be accepted.

Patient Information <i>(Place patient label here)</i>		Referral Source
Name <i>(Last, First)</i>		Name <i>(Last, First)</i> Discipline
Address		Signature
City	Postal Code	Phone
Phone		Fax
Personal Health Number		Family Physician Name <i>(Last, First)</i> <i>Referring physician will be responsible for medical clearance.</i>
Date of Birth <i>(yyyy-Mon-dd)</i>		Phone
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> The patient's gender identity is _____		

Some Education Classes, Self-Management Workshops, and Nutrition Services are offered in Punjabi, Hindi, Cantonese, and Mandarin. Please indicate language needs.

List or attach any information that may affect consultation/care	Explanation of Need(s)
<input type="checkbox"/> Language barrier	
<input type="checkbox"/> Physical limitation(s) or fall risk	
<input type="checkbox"/> Cognitive concerns <i>(provide completed cognitive assessment if available)</i>	
<input type="checkbox"/> Social/Behavioural/Psychological	
<input type="checkbox"/> History of violence or aggression	
<input type="checkbox"/> Economic	

Please select all of the services that you are referring your patient for.

**Better Choices, Better Health® (BCBH®)**

Patients do not need a chronic condition in order to attend  
 Participants will learn and practice skills to gain confidence and knowledge enabling them to take control of their health and improve their quality of life. The chronic pain self-management workshop helps people take control of their pain.

**Better Choices, Better Health® - Chronic Disease**

**Better Choices, Better Health® - Chronic Pain**

**Group Education**

Patients do not need a chronic condition in order to attend  
 Disease-specific and general lifestyle topics are offered in a variety of formats and for varying lengths of time. These free and interactive classes are led by health professionals or trained volunteers. Please check all that apply

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Falls Prevention                  | <input type="checkbox"/> Osteoporosis   |
| <input type="checkbox"/> Blood Pressure      | <input type="checkbox"/> Fibromyalgia                      | <input type="checkbox"/> Parkinson's Disease*   |
| <input type="checkbox"/> Celiac Disease      | <input type="checkbox"/> Hoping and Coping                 | <input type="checkbox"/> Pre-Diabetes   |
| <input type="checkbox"/> Cholesterol         | <input type="checkbox"/> Irritable Bowel Syndrome          | <input type="checkbox"/> Sleep Hygiene  |
| <input type="checkbox"/> Chronic Pain        | <input type="checkbox"/> Kidney Health                     | <input type="checkbox"/> Smoking Cessation  |
| <input type="checkbox"/> Diabetes Type 2     | <input type="checkbox"/> Lung Disease                      | <input type="checkbox"/> Stress management  |
| <input type="checkbox"/> Emotional Eating    | <input type="checkbox"/> Non-Alcoholic Fatty Liver Disease | <input type="checkbox"/> Stroke   |
| <input type="checkbox"/> Energy Conservation | <input type="checkbox"/> Eating Well for Good Health       | <input type="checkbox"/> Weight management<br><i>(circle if requires weight gain or loss)</i> |

*\*Parkinson's classes are only open to people diagnosed with Parkinson's and their family members. Family members can attend without the patient.*

**Nutrition Services**

**Select medically related reason for current referral**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Altered GI Function          | <input type="checkbox"/> Fatty Liver *                 | <input type="checkbox"/> Anemia   | <input type="checkbox"/> Diabetes *     |
| <input type="checkbox"/> GERD                         | <input type="checkbox"/> Hepatitis                     | <input type="checkbox"/> Food allergy/intolerance   | <input type="checkbox"/> Prediabetes*   |
| <input type="checkbox"/> Constipation                 | <input type="checkbox"/> Liver cirrhosis               | <input type="checkbox"/> Appetite concerns  | <input type="checkbox"/> Hypoglycemia   |
| <input type="checkbox"/> Diarrhea                     | <input type="checkbox"/> Inflammatory bowel disease    | <input type="checkbox"/> Eating disorder  | <input type="checkbox"/> Hypertension * |
| <input type="checkbox"/> Colitis                      | <input type="checkbox"/> Irritable bowel syndrome *    | <input type="checkbox"/> Malnutrition   | <input type="checkbox"/> Dyslipidemia * |
| <input type="checkbox"/> Crohn's disease              | <input type="checkbox"/> Pancreatitis                  | <input type="checkbox"/> Unexplained weight loss  | <input type="checkbox"/> Renal concerns |
| <input type="checkbox"/> Diverticular disease         | <input type="checkbox"/> Celiac disease *              | <input type="checkbox"/> Prenatal nutrition concerns  |   |
| <input type="checkbox"/> Short bowel                  | <input type="checkbox"/> Swallowing concerns/dysphagia | <input type="checkbox"/> Weight management* <i>(circle if requires weight gain or loss)</i> |   |
| <input type="checkbox"/> Other <i>(specify)</i> _____ |  |   |   |

*\* Nutrition Services Group Education classes*

*Your patient **will be required to attend a group education class** related to their nutritional concern prior to being eligible for nutrition counseling. If we do not offer a class specifically for their condition then they will be eligible to book directly into a nutrition counseling appointment with a registered dietitian.*

**Supervised Group Exercise Classes (Physician or Nurse Practitioner Referral Required)**
**Requirements**

- **Attachment to a Family Physician or Nurse Practitioner required prior to referring to our program**
- Patient must have at least one chronic health condition
- Patient must be medically cleared by a nurse practitioner or physician to participate in our exercise program
- Patient must be able to walk 5 metres
- Patient must be cognitively able to manage their own health condition
- Repeat referrals will be screened to determine eligibility to repeat the program. Patient must have a new chronic condition or significant change in health status to meet eligibility criteria.
- **Medical clearance - please provide clearance by completing the following section**

**Medical Clearance**

The Alberta Healthy Living Program – Supervised Group Exercise Program consists of cardiovascular and muscle strengthening exercise at an intensity level that will cause an increase in heart rate, blood pressure and breathing.

Please check the following boxes to indicate that the following criteria have been met.

- Patient has been evaluated for risk of cardiovascular, pulmonary and metabolic disease and any concerns have been addressed.
- Patient is medically stable to proceed with exercise.
  - With no restrictions
  - With restrictions of \_\_\_\_\_

Physician or Nurse Practitioner authorizing medical clearance

Name <i>(Last, First)</i>	Signature
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If Physician/NP signature is left blank then please provide the name and signature of the health care provider signing on behalf of Physician/NP

Name <i>(Last, First)</i>	Signature
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**Please check all health conditions that apply to this patient**

Cardiovascular	Metabolic	Respiratory	Musculoskeletal	Neurological	Mental Health
<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Asthma	<input type="checkbox"/> Arthritis	<input type="checkbox"/> MS	<input type="checkbox"/> Anxiety
<input type="checkbox"/> CAD	<input type="checkbox"/> Fatty Liver	<input type="checkbox"/> COPD	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Neuropathy	<input type="checkbox"/> Depression
<input type="checkbox"/> MI	<input type="checkbox"/> Pre-Diabetes	<input type="checkbox"/> Sleep Apnea	<input type="checkbox"/> Osteopenia	<input type="checkbox"/> Parkinson's	
<input type="checkbox"/> CHF	<input type="checkbox"/> Obesity		<input type="checkbox"/> Osteoporosis		
<input type="checkbox"/> Electrical Abnormalities	<input type="checkbox"/> Diabetes Type 1		<input type="checkbox"/> Total Hip Replacement		
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes Type 2		<input type="checkbox"/> Total Knee Replacement		
<input type="checkbox"/> Stroke	<input type="checkbox"/> Other chronic condition(s) not listed above				
<input type="checkbox"/> Valve Disease					