

**Alberta Healthy Living Program Referral  
(Adults and Pediatrics) Central Zone**

Please complete all sections of this form and return by email to [AHS.CZAlbertaHealthyLivingProgram.admin@ahs.ca](mailto:AHS.CZAlbertaHealthyLivingProgram.admin@ahs.ca) or print and send by fax to **1.877.314.6993**. For inquiries please call **1.877.314.6997** or send an email to the address above.

**Check Primary Reason for Referral**  
(You may choose more than one)

Individual Care Appointments may be booked if group education is not available or appropriate for the client.  
Further information on the below services please visit:  
<http://www.albertahealthservices.ca/info/cdmcentralzone.aspx>  
Click on the tab – Available Services

Client Name		Date of Birth (dd-Mon-yyyy)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Personal Health Number (PHN)		Preferred Phone	Alternate Phone	
Mailing Address		City	Province	Postal Code
Alternate Contact Name (optional)		Relationship	Contact Number (if different from above)	
Family Physician		Specialist		

**Patient Needs/Additional Information**

- Does the referred client have a legal guardian/agent  No  Yes ▶ Name and contact phone number \_\_\_\_\_
- Unable to participate in group education (please specify) \_\_\_\_\_
- Hearing, visual impairment (please specify) \_\_\_\_\_
- Activity/Mobility limitations. Requires oxygen, falls risk etc. (please specify) \_\_\_\_\_
- Unable to read or speak English (please specify language) \_\_\_\_\_
- Social/Mental Health Concerns (please specify) \_\_\_\_\_

**Additional Comments**
**Health Education – Self-Management Education (Adult Services)**

- Better Choices, Better Health™: Self-Management Education
- Diabetes the Basics: At Risk/Pre-Diabetes/Type 2 Diabetes
- Weight Wise: Effective Weight Management Strategies
- Healthy Lifestyle Series:  Ready for Change  Sleep Well  Stress Less  Time to Move
- Other \_\_\_\_\_
- Craving Change™
- Heart Wise: Managing Cholesterol and Blood Pressure

- Supervised Exercise (Adult Services)**  Pulmonary Rehabilitation  Supervised Exercise Program
- Other \_\_\_\_\_

**Diabetes Specialty Care (Pediatric and Adult Services)**

- Newly Diagnosed Type 1 Diabetes - Date of Diagnosis (dd-Mon-yyyy) \_\_\_\_\_
- Type 1 Diabetes Care  Illness, Ketone and Glucagon  Insulin & Physical Activity  Nutrition Care
- Pregnancy Planning for Clients with Diabetes
- Gestational Diabetes  Pre-existing Diabetes and Pregnancy (Type 1 or Type 2 Diabetes)
- Insulin Pump Therapy Consult. Is the patient already using an insulin pump?  Yes  No
- Continuous Glucose Monitoring
- Nephropathy Care
- Eating Well with Diabetes:  Carb Smart  Dishing up for Diabetes
- Type 2 Complex Care - When targets not achieved/improving with treatment  On OHA's  On Insulin
- Other \_\_\_\_\_

Staff will access lab work, medications, diagnostic imaging, and consult letters from Netcare/Meditech if necessary.  
Lab work may be requested if not current.

<b>Referring Health Care Provider</b> (please print)		<b>If required, also include communication to</b> (please print)	
Name		Name	
Position		Position	
Phone		Phone	
Fax		Fax	
Client aware of referral <input type="checkbox"/> Yes <input type="checkbox"/> No		Date (dd-Mon-yyyy)	