

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

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

Please complete all sections of this form and return by email to 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.

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.*

Referring Health Care Provider (please print)		If required, also include communication to (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)	