

Client Information	Contact Information
Name	Name and position of person referring
Address	
Date of Birth (yyyy-Mon-dd)	
Personal Health Number	Phone
Home Phone	Fax
Work Phone	PCN or FCC
Email	Physician or NP

Referral Request:

I am referring the above patient to the **Alberta Healthy Living Program**. I understand and have explained to my client that Alberta Health Services (AHS) staff will be contacting them to register for the following (*check all that apply*):

Education Sessions (*each session is 2.5 hours in length*)

- Introduction to Type 2 Diabetes
- Eating for a Healthy U
- Cardiac Health (*managing blood pressure & cholesterol*)
- Emotional Eating (*3 consecutive modules*)
- Weight Wise (*option of 10 modules*)

Better Choices, Better Health™ - Self Management Program

- Develop skills and confidence to manage daily health challenges; pain and fatigue, medication management, difficult emotions, planning for the future
- 6 week commitment, one day per week for 2.5 hours

Exercise Program (not offered in all communities)

- Includes professional exercise assessment, personalized program and physical activities that can be continued at home. Focus on strength, endurance, flexibility and balance
- 8 week commitment, twice per week for 1-2 hours

Notes