Alberta Health Services

Alberta Healthy Living Program
Chronic Disease Referral South East Zone

Client Demographics ***(affix client label here if applicable)***	
Client Name	Date of Birth
Address	Home Phone
Personal Health Care Number	Cell Phone
Family Physician	Referral Date
Referral source and contact phone number	
Does the referred client have a legal guardian/agent? ☐ No ☐ Yes, name and contact phone number	
☐ Unable to participate in group education *(describe)*	
☐ Hearing or visual impairment *(describe)*	
☐ Mobility limitations *(describe)*	
☐ Unable to read or speak English	First language spoken is
Translator name and contact phone number	

Specialty Services ***(check primary reason for referral)***
☐ **Better Choices, Better Health™ (Stanford self management series)** • Includes a 6 week workshop that helps you take control of your health
☐ **Cardiac Rehabilitation** • Includes cardiac education, assessment and referral to exercise
☐ **Chronic Obstructive Pulmonary Disease (COPD) Program** • Includes respiratory education, assessment and referral to exercise
☐ **Diabetes** ☐ Impaired Fasting Glucose (IFG) and/or Impaired Glucose Tolerance (IGT) ☐ Insulin Initiation and Adjustment. Physician orders attached. ☐ Insulin Therapy ☐ New Pump Assessment ☐ Existing Pump Therapy ☐ Non-Insulin Medication(s) Initiation and Adjustment. Physician orders attached. ☐ Pediatrics ☐ Pregnancy ☐ Gestational ☐ Type 1/ Type 2 ☐ Preconception ☐ Type 1 ☐ Type 2
☐ **Heart Function Clinic (Specialist Consult with Interdisciplinary Services, <u>Physician Referral Required</u>)** ☐ Consult letter attached
☐ **Heart Failure Education**

☐ **Nutrition**	Client's Height	Client's Weight
Primary reason for referral:		
☐ Healthy Weight Gain in Pregnancy		

☐ **Risk Factor Management** ☐ Dyslipidemia ☐ Hypertension ☐ Lifestyle Class
☐ **Stroke/Transient Ischemic Attack (TIA) Education**
☐ **Supervised Exercise**
☐ **Weight Management**
Comments

Office Use Only	☐ Appointment scheduled on

Medicine Hat	**Phone 403-529-8969 Fax 403-528-5602**	**Toll Free: 1-866-795-9709**
Brooks	**Phone 403-793-6659 Fax 403-501-3327**	**email: living.healthy@albertahealthservices.ca**