

Please complete all sections of this form and return to appropriate location:

**Brooks** inquires please call 1-866-795-9709 or print and send by fax to: 1-403-501-3327

**Lethbridge and rural area** inquires please call 1-866-506-6654 or print and send by fax to: 1-403-317-0435

**Medicine Hat and rural area** inquires please call 1-866-795-9709 or print and send by fax to 1-403-528-5602

| <b>Client Demographics (affix client label here if applicable)</b>   |   |
|--|---|
| Client Name  | Date of Birth   |
| Address  | Preferred Phone   |
| Personal Health Care Number  | Alternate Phone   |
| Family Physician   | Referral Date   |
| Referral source and contact phone number   |   |
| <b>Patient needs/additional information:</b>   |   |
| <input type="checkbox"/> Hearing and/or visually impaired ( <i>describe</i> ): _____   |   |
| <input type="checkbox"/> Interpreter Required? Preferred language _____<br>Does the referred client have a legal guardian/agent?<br><input type="checkbox"/> No <input type="checkbox"/> Yes, Name _____ Contact Phone Number _____  |   |
| <input type="checkbox"/> Unable to participate in group ( <i>describe</i> ): _____   |   |
| <b>Adult General Health Education – These are group based education classes, option to be delivered by telehealth.</b>   |   |
| <b>Health Education Group Classes:</b>   |   |
| <input type="checkbox"/> Basic Diabetes Management (Hemoglobin A1C less than 8.5)  |   |
| <input type="checkbox"/> Better Choices, Better Health <sup>®</sup> Self-Management (6 class series)   |   |
| <input type="checkbox"/> Better Choices, Better Health <sup>®</sup> Chronic Pain (6 class series)  |   |
| <input type="checkbox"/> COPD Education Class (2 class series)   |   |
| <input type="checkbox"/> Energy Management (2 class series)  |   |
| <input type="checkbox"/> Explaining Pain   |   |
| <input type="checkbox"/> Getting Started: Prerequisite for Weight Management   |   |
| <input type="checkbox"/> Grocery Store Tour  |   |
| <input type="checkbox"/> Healthy Eating for Risk Reduction   |   |
| <input type="checkbox"/> Heart Failure Education   |   |
| <input type="checkbox"/> Managing Emotional Eating (3 class series)  |   |
| <input type="checkbox"/> Managing Stress for Better Health and Wellness (2 class series)   |   |
| <input type="checkbox"/> Moving You Towards Better Sleep   |   |
| <input type="checkbox"/> Taking Care of You – Vascular Risk Reduction  |   |
| <b>Risk Reduction – Please indicate diagnosis to ensure patient is offered appropriate class</b>   |   |
| <b>Diagnosis:</b>  |   |
| <input type="checkbox"/> Stroke/Transient Ischemic Attack  | <input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidemia |
| <input type="checkbox"/> Peripheral Vascular Disease   | <input type="checkbox"/> Chronic Kidney Disease (GFR 30-60)                 |
| <input type="checkbox"/> Cardiovascular Risk: Framingham Risk Score: _____   |   |
| <b>Specialty Support:</b> Specialty services which may include an interdisciplinary team and/or individual consult as appropriate. See comment section below to provide more detail as needed  |   |
| <input type="checkbox"/> <b>Supervised Exercise</b> – provide physician signature (required) and reason for medical supervision/referral for exercise.<br>_____  |   |
| <input type="checkbox"/> <b>Cardiac Rehabilitation</b>   |   |
| <input type="checkbox"/> <b>Heart Function Clinic</b> • includes Heart Failure Education class.<br><b>Provide</b> <ol style="list-style-type: none"> <li>1) Consult letter outlining patient history and physical</li> <li>2) ECHO (completed in the last 12 months).</li> </ol> |   |

**Diabetes** (Please ensure Hg A1C and GFR/creatinine is completed within the last 6 months)

- New diagnosis
  - Gestational       Pregnancy planning for pre-existing diabetes
- Pre-existing diabetes and pregnancy
  - Type 1               Type 2
- Insulin Pump Therapy - Is the patient already using an Insulin pump?
  - Yes                       No

Medication initiation or adjustment - Is the patient?

- Type 1                       Type 2

**Respiratory**

- Chronic Obstructive Pulmonary Disease (COPD) –PFT or spirometry done within 6 - 12 months if available (confirmation of COPD).
  - Recent flare up/lung infection/use of antibiotics or prednisone within past 4-6 weeks?
- Asthma – PFT or spirometry done with past 6 months for patients over the 6 years of age
- Recent flare up/lung infection/use of antibiotics or prednisone within past 4-6 weeks?

**Chronic Pain – includes Explaining Pain class**

- Referral Criteria** -18 years of age or older
- Pain greater than 3-6 months
  - Stable medication regime (no recent titration)

**Nutrition**

- (Required)** Patient Height \_\_\_\_\_ Weight \_\_\_\_\_ Date (dd-Mon-yyyy) \_\_\_\_\_
- Allergies/intolerances (specify) \_\_\_\_\_
  - Disordered Eating: (specify) \_\_\_\_\_ **Physician referral** required
  - Feeding Difficulties (picky eating, texture progression, limited food choices, and feeding skill issues) (specify) \_\_\_\_\_
  - Gastrointestinal disease/concern (specify) \_\_\_\_\_
  - Malnutrition (unintentional weight loss/poor appetite)
  - Pediatric Weight Management
  - Pregnancy
  - Suboptimal Growth and Weight
  - Vitamin/Mineral Deficiency (specify) \_\_\_\_\_
  - Other (specify) \_\_\_\_\_

**Overweight/Obesity Management**

- (Required)** Patient Height \_\_\_\_\_ Weight \_\_\_\_\_ Date (dd-Mon-yyyy) \_\_\_\_\_
- Weight Management Program** (10 weeks group series or individual consult as appropriate) **and/or**
  - Bariatric Specialty Clinic (located in Medicine Hat)** Age 64 or younger at time of referral and must be a non-smoker.

**Provide:** Consult Letter outlining patient history.

**Referral Criteria:** Must meet **one** of the following:

BMI Greater than or equal to 40 **or** BMI greater than or equal to 35 with any weight- related co-morbidity. Please identify:

- Cardiovascular disease       Type 2 diabetes               Sleep apnea                       Gall bladder disease
- Osteoarthritis                       Hypertension                       Chronic pain

**Comments**

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