Alberta Health Services

Better Choices, Better Health® Self-Management Program Referral Edmonton & Area

Please complete all sections of this form and **fax to 780.735.3553.**
For more information contact Edmonton Zone Registration at 780-401-BOOK (2665).

Visit www.albertahealthservices.ca/bcbh.asp for more information about Better Choices, Better Health®

Client Information		
Last Name	First Name	
Birthdate *(yyyy-Mon-dd)*	PHN	
Home Phone	Work Phone	Cell Phone
Address		
City	Postal Code	

Referring Healthcare Professional	
Name	Title
Phone	Fax
Name of Primary Care Network *(if applicable)*	

Referral

Better Choices Better Health® - For those who have or support someone with chronic condition(s). Develop skills and confidence to manage daily health challenges. Some topics discussed are physical activity & exercise, pain, fatigue, medication management, difficult emotions.
6 week commitment, one day per week for 2.5 hours.

I am referring the above patient/client to the Better Choices, Better Health® Self-Management Program. I have explained to them that Alberta Health Services will be contacting them to register for the following workshop:

- ☐ **Chronic Disease Self-Management Program** *(for adults with any chronic condition)*
- ☐ **Chronic Pain Self-Management Program** *(for adults with a primary diagnosis of chronic pain)*
- ☐ **Diabetes Self-Management Program** *(for adults with pre-diabetes or type I/II diabetes)*
- ☐ **Be Your Own Boss** *(for people 14-24 years of age with any chronic condition)*

Signature of Referring Healthcare Professional	Date *(yyyy-Mon-dd)*