Alberta Health Services

Alberta Healthy Living Program Referral – Calgary Zone
Phone 403-9HEALTH (403-943-2584)
Fax 403-955-6868

Visit ahs.ca/cdmcalgaryzone.asp for information on the Alberta Healthy Living Program.
For referral information visit InformAlberta.ca or AlbertaReferralDirectory.ca.

Important notes

Patients must be 18 years or older.

This referral form is for our one on one nutrition counselling services and our group exercise program. Alternatively, self-referrals are accepted for one on one nutrition services, group education, self-management workshops, and group exercise. Please have your patients call 403 943 2584 (403 9HEALTH) to register.

Note: We accept self-referrals to the group exercise program, however, patients must be attached to a Family Physician or Nurse Practitioner. Please see criteria to attend the exercise program on page 2.

Physicians or Nurse Practitioners referring to exercise are asked to provide a signature clearing patients to exercise (page 2).

Incomplete and illegible referrals will not be accepted.

Patient Information *(Place patient label here)*		**Referral Source**
Name *(Last, First)*		Name *(Last, First)* Discipline
Address		Signature
City	Postal Code	Phone
Phone		Fax
Personal Health Number		Family Physician Name *(Last, First)*
Date of Birth *(yyyy-Mon-dd)*		Phone
Sex ☐ Male ☐ Female ☐ The patient's gender identity is _____		

List or attach any information that may affect consultation/care	**Explanation of Need(s)**
☐ Language barrier	
☐ Physical limitation(s) or fall risk	
☐ Cognitive concerns *(provide completed cognitive assessment if available)*	
☐ Social/Behavioural/Psychological	
☐ History of violence or aggression	

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Nutrition Counselling Appointment

Please check the primary reason for your referral to see a Registered Dietitian:

☐ Altered GI Function	☐ Fatty Liver *	☐ Anemia	☐ Diabetes *
☐ GERD	☐ Hepatitis	☐ Food allergy/intolerance	☐ Prediabetes*
☐ Constipation	☐ Liver cirrhosis	☐ Appetite concerns	☐ Hypoglycemia
☐ Diarrhea	☐ Inflammatory bowel disease	☐ Eating disorder	☐ Hypertension *
☐ Colitis	☐ Irritable bowel syndrome *	☐ Malnutrition	☐ Dyslipidemia *
☐ Crohn's disease	☐ Pancreatitis	☐ Unexplained weight loss	☐ Renal concerns
☐ Diverticular disease	☐ Celiac disease *	☐ Prenatal nutrition concerns	
☐ Short bowel	☐ Swallowing concerns/dysphagia	☐ Weight management* *(circle if requires weight gain or loss)*	

☐ Other *(specify)* _____

** Nutrition Services Group Education classes*
*Your patient **will be required to attend a group education class** related to their nutritional concern prior to being eligible for nutrition counseling. If we do not offer a class specifically for their condition then they will be eligible to book directly into a nutrition counseling appointment with a registered dietitian.*

Supervised Group Exercise Classes *(Physician or health care provider and self-referral accepted)*

Requirements

- **Patient must be attached to a Family Physician or Nurse Practitioner**
- Patient must have at least one chronic health condition
- Patient must be able to walk 5 metres
- Patient must be cognitively able to manage their own health condition
- Repeat referrals will be screened to determine eligibility to repeat the program. Patient must have a new chronic condition or significant change in health status to meet eligibility criteria.

Physicians or Nurse Practitioners:	**Non-Physician Health Care Providers:**
This patient has been evaluated for risk of cardiovascular, pulmonary, and metabolic disease and is medically stable to proceed with exercise.	Your patient may be required to see their physician to obtain clearance prior to starting our exercise program.
Physician Name *(Last, First)*	Health Care Provider Name *(Last, First)*
Physician Signature	Health Care Provider Signature

Please check all health conditions that apply to this patient

Cardiovascular	**Metabolic**	**Respiratory**	**Musculoskeletal**	**Neurological**	**Mental Health**
☐ Blood Disorder	☐ Dyslipidemia	☐ Asthma	☐ Arthritis	☐ MS	☐ Anxiety
☐ CAD	☐ Fatty Liver	☐ COPD	☐ Fibromyalgia	☐ Neuropathy	☐ Depression
☐ MI	☐ Pre-Diabetes	☐ Sleep Apnea	☐ Osteopenia	☐ Parkinson's	
☐ CHF	☐ Obesity		☐ Osteoporosis		
☐ Electrical Abnormalities	☐ Diabetes Type 1		☐ Total Hip Replacement		
☐ Hypertension	☐ Diabetes Type 2		☐ Total Knee Replacement		
☐ Stroke	☐ Other chronic condition(s) not listed above				
☐ Valve Disease					