Alberta Health Services

Patient Information	
Name *(Last, First)*	
Gender	Birth Date *(yyyy-Mon-dd)*
Street Address	
City	Postal Code
Home Phone	Work/Cell
Alberta Health Care	Email

Aboriginal Diabetes Wellness Program Referral

Fax completed form to AWP: 780.735.5878
For inquiries, call 780.735.4512

Please advise us if you have special needs.
Accommodations may not be fully accessible and you will be responsible for alternate arrangements.

Blood Work – *please complete 1-2 weeks before appointment. We will mail a lab requisition after receiving your referral.*

Referring Health Care Provider		**Family Physician/Nurse Practitioner**	
Name	Practice ID *(if applicable)*	Name	Practice ID
Phone	Fax	Phone	Fax
Is Client aware of referral? ☐ Yes ☐ No		Location	
Emergency Contact		**Allergies or Meal Restrictions**	
Name			
Relationship to Client			
Phone	Fax		
Support Person		**Pharmacy**	
Name		Name	
Relationship to Client	Age	Phone	Fax
Reason for Referral – Adult Diabetes		**Medications** *(including traditional medicine)*	
Diagnosis ☐ Impaired Fasting Glucose (IFG) or Impaired Glucose Tolerance (IGT) ☐ Type 1 ☐ Type 2 ☐ Other *(specify)*			
Duration of Diabetes ☐ Less than **6** months ☐ Greater than **6** months			
Previous Diabetes Education ☐ Yes ☐ No		**General Information**	
Treatment ***(check all that may apply)*** ☐ Diet and Activity ☐ Insulin ☐ Diet and Medications ☐ Insulin Pump ☐ Traditional Medicine		**Services Requested** ☐ Four (4) Day Program ☐ One on One Appointment ☐ Follow-up Appointment	
Hypoglycemic Episodes ☐ Yes ☐ No If yes, did it require emergency room visit? ☐ Yes ☐ No **Date of last hospital visit for diabetes** *(yyyy-Mon-dd)*		**Have you been in the Intake Program before?** ☐ Never ☐ Less than 2 years ☐ More than 2 years	
Other Medical Information/Diabetes Concerns		**Special Needs or Restrictions**	
		☐ Unable to speak or read English	
		Language	
		Interpreter Name	
		Phone	
		☐ Activity Limitations *(wheelchair, cane, walker, etc.)*	
		(specify)	
		☐ Hearing or visual impairments or need oxygen	
		(specify)	
		☐ Cognitive impairment	

THANK YOU AND WE LOOK FORWARD TO HAVING YOU AT OUR PROGRAM! HAI HAI!