### Client Demographics

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Name</td>
<td></td>
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<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>Personal Health Care Number</td>
<td></td>
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<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Family Physician</td>
<td></td>
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<tr>
<td>Referral Date</td>
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</tbody>
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### Referral Details

- **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**: ☐ Translator name and contact phone number

### Specialty Services

- **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, Physician Referral Required)
  - 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

### Contact Information

**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
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