



Please direct inquiries and referrals to appropriate locations:

Brooks and Rural Area

Phone: 1-403-793-6659

Fax: 1-403-501-3327

Lethbridge and Rural Area

Phone: 1-866-506-6654

Fax: 1-403-317-0435

Medicine Hat and Rural Area

Phone: 1-866-795-9709

Fax: 1-403-528-5602

Client Demographics *(Affix client label here if applicable)*

Client Name		Date of Birth <i>(dd-mon-yyyy)</i>
Address		Preferred Phone
Personal Health Care Number		Alternate Phone
Family Physician		Referral Date <i>(dd-mon-yyyy)</i>
Interpretation required?	☐ Yes ☐ No	Primary Language
Additional patient information		
Referral source and contact phone number		

Diagnosis relevant to referral:

General Program Information:

Except for Diabetes and Asthma, programming is designed for adults aged 18+ who can self-manage, or for caregivers supporting client self-management. All programs will either flow through a group program or screening call with a provider, this is determined by individual program flow. Program specific criteria are listed below. All clients participating in programming have access to a multidisciplinary team who will be utilized as required.

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

Diagnosis		Request
☐ New Diagnosis	☐ Type 1	☐ Medication or Insulin Management
☐ Pre-existing Diagnosis	☐ Type 2	☐ Pregnancy
	☐ Gestational	☐ Insulin Pump Therapy
	☐ Other	☐ Initiation ☐ Maintenance
		☐ Other _____

☐ **Overweight/Obesity Management**

☐ **Exercise Specialty/Clinical Exercise Therapy** *(Specify Medical Need Requiring Clinical Specialty Supervision)*

☐ **Chronic Pain** *(Non-cancerous pain longer than 3-6 months)*

☐ **Cardiac Rehabilitation**

☐ **Stroke/TIA Education**

☐ **Respiratory** *(If available, PFT or spirometry in last 6-12 months for patients over 6 years old)*

☐ Chronic Obstructive Pulmonary Disease (COPD) - *prior confirmation of COPD*

☐ Asthma

☐ Recent flare up/lung infection/use of antibiotics or prednisone within past 4 - 6 weeks?

☐ **Lifestyle/Self-management Education** *(Please specify)*

☐ Sleep

☐ Energy Management

☐ Stress

☐ Managing Emotional Eating

☐ Better Choices, Better Health® Self-Management *(6 class series)*

☐ Better Choices, Better Health® Chronic Pain *(6 class series)*

☐ Other _____

Additional Comments: