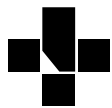


For more information on clinic locations, and where to send the referral visit: www.albertareferraldirectory.ca and use keyword search “*bariatric speciality clinic*”

| | | | |
|--|--|---------------------------|--|
| Last Name <i>(Legal)</i> | | First Name <i>(Legal)</i> | |
| Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First | | DOB <i>(dd-Mon-yyyy)</i> | |
| PHN | ULI <input type="checkbox"/> Same as PHN | MRN | |
| Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown | | | |

| Additional Patient Information | | | |
|--|----------------------|--|----------------------|
| Patient Street Address | | City | |
| Mailing Address <i>(if different)</i> | | Province | Postal Code |
| Email | Primary Phone | | Secondary Phone |
| Interpreter required <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if yes, specify language)</i> _____ | | | |
| Referring Physician/Nurse Practitioner (NP) | | Primary Care Physician/NP <i>(if different than Referring)</i> | |
| Name | | Name | |
| Phone | Fax | Phone | Fax |
| Prac ID | Primary Care Network | Prac ID | Primary Care Network |
| Specialists/Consultant involved in Patient's Care | | | |
| Name | | Specialty | Phone |
| Name | | Specialty | Phone |
| Referral Criteria | | | |
| Adults aged 18-64 interested in having bariatric surgery with: <ul style="list-style-type: none"> BMI 35 kg/m² or greater, with an obesity-related comorbidity (e.g. hypertension, diabetes mellitus, dyslipidemia, osteoarthritis, gastroesophageal reflux disease, sleep apnea, depression, polycystic ovarian syndrome, cardiovascular disease); OR <ul style="list-style-type: none"> BMI 40 kg/m² or greater, with or without comorbidity; AND <ul style="list-style-type: none"> No severe, untreated personality disorder, active psychosis, active substance dependencies, untreated/unstable eating disorder and/or major cognitive impairment. Nicotine, tobacco, and inhaled substance free for 6 months at the time of referral and commitment to remaining so lifelong. Patient must be able to give informed consent and self-manage required lifestyle changes. No hospital admission for mental health for at least 12 months at the time of referral No suicidal ideation for at least 12 months at the time of referral | | | |
| Additional Details | | | |
| <ul style="list-style-type: none"> Many aspects of bariatric services are delivered in a group sessions and classes Appointments may be frequent and offered in person or virtually Adults referred who are less than 1 year post CA treatment will be assessed on an individual basis for acceptance Pregnancy, a planned pregnancy within 2 years of surgery or breastfeeding exclusively are contraindications Patients must be physically capable of attending in-person appointments, housebound patients are not eligible | | | |



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| | | | |
|---|--|----------------------------------|--|
| Last Name <i>(Legal)</i> | | First Name <i>(Legal)</i> | |
| Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First | | DOB <i>(dd-Mon-yyyy)</i> | |
| PHN | ULI <input type="checkbox"/> Same as PHN | MRN | |
| Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| <input type="checkbox"/> Non-binary/Prefer not to disclose (X) | | <input type="checkbox"/> Unknown | |

| Reason for Referral | | |
|---|----------------------------|----------------------------|
| | | |
| Current Height <i>(cm)</i> | Current Weight <i>(kg)</i> | Current BMI <i>(kg/m2)</i> |
| Relevant Medical/Surgical History <input type="checkbox"/> Attached | | |
| | | |
| Current mental health status <i>(including document care plans)</i> | | |
| | | |
| Nicotine, Tobacco and Inhaled Substance status | | |
| | | |
| Other Comments | | |
| | | |