

For more information on clinic locations, and where to send the referral visit: www.albertareferraldirectory.ca and use keyword search "bariatric specialty clinic"

Last Name (Legal)		First Name (Legal)
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)
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 (if different)	Province	Postal Code
Email	Primary Phone	Secondary Phone

Interpreter required No Yes (if yes, specify language) _____

Referring Physician/Nurse Practitioner (NP)	Primary Care Physician/NP (if different than Referring)		
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:

- *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

- *BMI 40 kg/m² or greater, with or without comorbidity;*

AND

- *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

- *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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Reason for Referral

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