Alberta Health Services

Affix patient label within this box

Edmonton Adult Bariatric Specialty Clinic Referral

Please Fax completed form to Alberta Health Services Central Access at **780.735.3553** or Toll Free (Alberta only) at **1.866.979.3553** OR Call for booking 780.401.2665.

If patient has had a Bariatric Surgery, Do Not use this form. Instead, complete “**Prior Bariatric Surgery Referral**”
Missing or incomplete information will delay processing.

Patient Demographics *(Please print clearly)*

Name *(last, first, middle)*		
Street address	City	Postal Code
Mailing address *(if different)*	City	Postal Code

Phone number *(day)*	Phone number *(after hours)*	
Personal Health Number / Unique Lifetime Identifier	Gender ☐ Male ☐ Female	Date of birth *(yyyy-Mon-dd)*

Referring Physician / Nurse Practitioner (NP)	**Primary Care Physician / NP** *(If different than Referring Provider)*
Name	Name
Phone number	Phone number
Fax number	Fax number
Practitioner Identification Number	Practitioner Identification Number
Primary Care Network (PCN)	Primary Care Network (PCN)

Referral Criteria *(check all that apply)*

☐ BMI greater than or equal to 40 OR
☐ BMI greater than or equal to 35 with any weight-related co-morbidity such as cardiovascular disease, type 2 diabetes mellitus, sleep apenea, gall bladder disease, osteoarthritis, hypertension and/ or chronic pain.
☐ Resident of Alberta
☐ Non Smoker
☐ Age 17-64 years old at time of referral

Please list all comorbidities and provide any relevant documentation *(test results, reports, etc.)*

Current BMI ________ kg/m^2 | Highest Recorded Weight ________ kg or lb Date *(yyyy-Mon-dd)* ________________

Current Weight ________ kg or ________ lb Date *(yyyy-Mon-dd)* ________________ ☐ measured ☐ reported

Current Height ________ cm or ________ in Date *(yyyy-Mon-dd)* ________________ ☐ measured ☐ reported

Does patient have significant mental health issues *(severe personality disorder, active psychosis, active substance dependencies, recent suicide ideation or attempt in the past 6 months)* or major cognitive or psychosocial issues that could be a barrier to lifestyle/behaviour changes? ☐ Yes ☐ No

Supporting Documents

Include relevant documentation that may inform Bariatric Assessment such as blood work, diagnostic imaging, consultant letters, discharge summaries, medications.