

Complete Patient Profile

Surname:	Given Name:
PHN:	DOB:
Address (include postal code):	
Phone #:	
Language Spoken:	Interpreter Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medications:	
Medical History:	
Reason for Referral:	
Physician Name:	Office number:
Physician Signature:	

ASTHMA EDUCATION **PEDIATRIC ASTHMA CLINIC**

The **Asthma Education Program** offers individual education sessions by a RRT on self-management of Asthma. Breathing tests may be done. The **Pediatric Asthma Clinic** offers education and assessment by a team which includes a Pediatrician, RN and RRT. Breathing tests may be done. No fees for service.

COPD EDUCATION **RESPIRATORY REHABILITATION - BREATH PROGRAM**

The **COPD Education Program** offers individual education sessions by a RRT on self-management of COPD with help to set Acute Exacerbation Action Plans. Breathing tests may be performed. The **Breath Respiratory Rehabilitation Program** is a 5-week program of exercise, education and social support for COPD clients and their families. The program includes a Respiriologist, OT, PT, RN and RD. The following tests are required and will be ordered automatically if not included with referral: *Pulmonary Function, ECG and Chest X-ray*. Service fees apply.

PREDIABETES AND DIABETES EDUCATION PROGRAMS

These programs offer a series of education classes and individual appointments in the self-management of diabetes. It may include a RN, RD and Exercise Specialist. The following tests are required and will be ordered automatically if not included with referral: *Blood glucose (fasting), A1C and lipid profile*. Some fees may apply.

Date of Diagnosis: _____ Type: Prediabetes Type 1 Type 2
 Insulin Starts - include orders for type of insulin and dose.
 Insulin: _____ Dose: _____
 Gestational (complete box below)

The **Gestational Diabetes Program/Clinic** offers education and ongoing follow up for pregnant women with diabetes or gestational diabetes. It may include RN, RD and Endocrinologist (if requested). The following tests and information is required with referral:

GESTATIONAL INFO: DUE DATE: _____ Does this patient need to see an Endocrinologist? Yes ___ No ___

LABS: Glucose Screen Test: _____ FBS _____ 1 HR _____ 2HR _____ 3 HR _____ or attach OGTT results

CARDIAC REHAB AND CARDIO-METABOLIC PROGRAM

The program offers individual counselling to establish an exercise program, diet and lifestyle modifications for patients with cardiac risk factors or those who have an established cardiac condition. It may include Exercise Specialist, RN, RD and Internist. Service fees apply.

DIABETES FOOT CARE PROGRAM

The program offers assessment and education on foot care with a special focus on prevention of foot ulcers and lower-extremity amputations. It may include RN and OT. NO OPEN WOUNDS. Service fees apply. Choose one:

- Prediabetes Diabetes

MENTAL HEALTH - BOUNCE BACK PROGRAM

CDM COUNSELLING PROGRAM

The **Bounce Back** program offers brief, structured phone coaching by a community coach on self-management of mood and worry for patients living with a chronic disease or chronic pain. The **CDM Counselling** program offers individual and group counselling by a RCC for patients with chronic disease and depression or anxiety.

NUTRITIONAL COUNSELLING PROGRAM

The program offers group education or individual appointments by a RD for patients of all ages and types of diets. Patients can self refer. Fee for Bodysense only.

- BodySense - lifestyle/weight management Heart Healthy Eating & Exercise
 Individual Counselling Reason: _____

OASIS - OSTEOARTHRITIS SERVICE INTEGRATION SYSTEM

The program offers assessment, education and referral to support services for the self-management of osteoarthritis at **any stage of the disease**. Affected joint (s): _____

X-ray required (within last year) and will be ordered automatically if x-ray report not included.

PHYSICAL ACTIVITY LINE (PAL)

The program offers phone assessment, education and referral information on physical activity and healthy living by a CSEP Certified Exercise Physiologist ®.

TOBACCO CESSATION COUNSELLING

The program offers individual, group and phone support to quit smoking. It may include a RRT.

For more information: 604-984-5752

Download additional forms by visiting: <http://vch.eduhealth.ca>

Referral form catalogue number: EF.850.N67

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