



PHONE 306 446 6430

Fax completed form to: Lloydminster 306-820-5978
 Meadow Lake 306-236-4355
 (Loon Lake, Goodsoil)

North Battleford 306-446-7368
 Rural 306-893-4488 (Maidstone, Turtleford,
 Cut Knife, St. Walburg, Neilburg,
 Paradise Hill)

NOTE: If client lives on Reserve, please refer to Reserve services first

Patient Label	
Mailing Address (PO Box/ Street / City /Prov / Postal Code)	Primary Physician
Phone (H) (W) (Cell)	Date of Referral

Referral Source: <input type="checkbox"/> Emergency Department <input type="checkbox"/> In-Patient/room _____	Discharge Date:
High risk for readmission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Client informed of referral <input type="checkbox"/>

Condition requiring services : (check all that may apply)

Diabetes: <input type="checkbox"/> Medication Adjustments <input type="checkbox"/> Uncontrolled <input type="checkbox"/> New Diagnosis <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	Cardiovascular: <input type="checkbox"/> Angina/MI/Heart Surgery <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Heart Failure <input type="checkbox"/> CAD <input type="checkbox"/> Hypertension
Stroke/TIA: <input type="checkbox"/> TIA/at risk <input type="checkbox"/> Non-disabling stroke <input type="checkbox"/> Disabling stroke	Respiratory: <input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> Other
Dietitian Services: <input type="checkbox"/>	Exercise Therapy: <input type="checkbox"/>
Chronic Pain: <input type="checkbox"/>	Chronic Conditions: <input type="checkbox"/>

Comments: (Reason for referral and health or social concerns that may impact care.)

Referral From: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> RN <input type="checkbox"/> Other _____ Printed Name _____	Attachments: <input type="checkbox"/> Discharge Information <input type="checkbox"/> Med Rec
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Outpatient Services Provided/Who to Refer

Diabetes

Individual appointments and classes for self-management, insulin starts, medication adjustments. For patients with a new diagnosis or uncontrolled diabetes, high blood glucose or A1C.

Cardiovascular

Individual appointments and classes for self-management, exercise programs. For patients with recent MI, heart surgery, angina, heart failure, atrial fibrillation or hypertension

Stroke/TIA

Individual appointments and classes for education for TIA non-disabling stroke, rehabilitation program. For patients who have had a stroke or TIA, or at risk for stroke

Respiratory

Individual appointments for education and self-management and pulmonary rehabilitation programs. For patients with exacerbation of COPD or Asthma, any underlying respiratory conditions (cystic fibrosis, idiopathic pulmonary fibrosis, etc.).

Dietitian

Group and individual appointments available for weight management, IBS, IBD, celiac disease, malnutrition, diabetes, heart disease, or any other nutritional concerns.

Exercise Therapy

Individual appointments and classes for self-management, exercise programs. Exercise Therapy is for anyone looking to improve their health through increased exercise. Exercise is one of the best therapies to treat individuals who live with a number of health conditions, because exercise treats so many issues all at the same time

LiveWell with Chronic Conditions/Pain

The program is for caregivers and/or individuals who have one or more chronic health conditions. Pairs of trained volunteers work with groups of up to 12 people, once a week for 2.5 hours for six consecutive weeks to teach skills in the self-management of chronic conditions or pain.