

**Provincial Pediatric Weight Management
Referral (Ages 2-17 years)**


Please fax completed form to Alberta Health Services Central Access at **Fax: 780.735.3553** or **Toll Free Fax (in Alberta): 1.866.979.3553** or **phone: 780.401.BOOK (2665)** or **Toll Free Phone 1.877.414.2665**

Missing or incomplete information will delay processing.

Client Information	Last Name		First Name		
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy-Mon-dd)		Personal Health Care Number	
	Address		City	Postal Code	
	Home Phone	Alternate Phone	Is Parent/Guardian aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Parent/Guardian Name (last, first)		Phone	Relationship to Client	
Referral	Referring Source (MD or NP)		Phone	Fax	PRACID Number
	Family Physician (if applicable)		Phone	Fax	
	Type of Referral (Check one- see attached information sheet for eligibility and description of services) <input type="checkbox"/> Outpatient Dietitian Counselling OR <input type="checkbox"/> Specialty Care (Multi-Disciplinary)				
Anthropometry	Date Assessed (yyyy-Mon-dd)	Weight kg		Height cm	
	BMI (Ages 2-17 years old) (kg/m ²)		BMI-for-Age Percentile (Ages 2-17 years old)		
Co-Morbidities	Co-Morbidities (check all that apply) <input type="checkbox"/> Hypertension <input type="checkbox"/> Obstructive Sleep Apnea <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Polycystic Ovary Syndrome <input type="checkbox"/> Type 2 Diabetes/IGT <input type="checkbox"/> Medication Induced Weight Gain <input type="checkbox"/> Acanthosis Nigricans/Hyperinsulinemia <input type="checkbox"/> Depression/Anxiety <input type="checkbox"/> Fatty Liver/Gallbladder Disease <input type="checkbox"/> Eating Disorder(e.g. Binge Eating) <input type="checkbox"/> Pseudotumor Cerebri <input type="checkbox"/> ADHD/Neurodevelopmental Disorders <input type="checkbox"/> Slipped Capital Femoral Epiphysis/Blount's Disease <input type="checkbox"/> Other (i.e. other co-morbidities or underlying medical conditions) Specify: _____				
	Most recent growth chart attached (preferred) <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Previous Weight Management Interventions (check all that apply) <input type="checkbox"/> No interventions attempted <input type="checkbox"/> Primary Care Physician Counselling <input type="checkbox"/> Multi-Disciplinary Counselling <input type="checkbox"/> Community-based Program <input type="checkbox"/> Dietitian Counselling <input type="checkbox"/> Other _____				
	Factors that may affect consultation/care (check all that apply) <input type="checkbox"/> Language Spoken (specify) _____ Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other relevant information (specify) _____				

Provincial Pediatric Weight Management Referral Services Information: The Provincial Pediatric Weight Management Referral Form is for children ages 2-17 years with a BMI-for-age greater than or equal to 85th percentile. Referrals are accepted from physicians or nurse practitioners.

Services are available across the province at both AHS and COVENANT sites.

There are TWO options for patient referral:

Outpatient Dietitian Counselling (less intensive intervention)	Specialty Care (more intensive intervention)
Sites: <ul style="list-style-type: none"> Zone-based Registered Dietitians providing pediatric weight management are available across the province 	Pediatric Centre for Weight and Health (PCWH) Sites: <ul style="list-style-type: none"> Alberta Children's Hospital, Calgary Misericordia Community Hospital, Edmonton Stollery Children's Hospital (clinic located at the Edmonton General Continuing Care Centre), Edmonton
Eligibility: <ul style="list-style-type: none"> BMI-for-age greater than or equal to 85th percentile: <ul style="list-style-type: none"> with co-morbidities that are managed in primary care by physician/nurse practitioner, OR without co-morbidities AND child/family expresses readiness for dietitian counselling 	Eligibility: <ul style="list-style-type: none"> BMI-for-age greater than or equal to 85th percentile: <ul style="list-style-type: none"> with co-morbidities, OR without co-morbidities, AND unsuccessful with previous weight management interventions AND child/family expresses readiness for specialty care treatment
Assessment: <ul style="list-style-type: none"> In-person assessment: Dietitian with child and parent(s) 	Assessment: <ul style="list-style-type: none"> Child/parent(s) attend a Family Information Session (orientation to services) prior to assessment In-person assessment (minimum of one visit): Multi-disciplinary team with child and parent(s)
Interventions/Treatment (group and/or individual): <ul style="list-style-type: none"> Dietitian provides structured eating and activity goals Focus is on lifestyle changes Families offered regular visits based on assessment and care plan Parental involvement required Dietitian may refer to or coordinate care with other health professionals if required 	Interventions/Treatment (group and/or individual): <ul style="list-style-type: none"> Includes specialist physician & multi-disciplinary team (Nurse, Dietitian, Psychologist, Exercise Specialist, Social Worker) Focus is on behaviour modification counselling Management of complex clients Management of co-morbidities Families offered regular visits based on assessment and care plan Parental involvement required
Follow-up: <ul style="list-style-type: none"> Follow-up with families until transitioned back to primary care OR to specialty care for more intensive intervention 	Follow-up: <ul style="list-style-type: none"> Follow-up with families until they can be transitioned back to primary care for ongoing weight management
Geographical Considerations: <ul style="list-style-type: none"> Intervention available by Telehealth In-person initial assessment preferred 	Geographical Considerations: <ul style="list-style-type: none"> Family Information Session available by Telehealth In-person initial assessment required in specialty clinic Intervention and follow-up available by Telehealth
Transition Plan/Referral Source Update: <ul style="list-style-type: none"> Dietitian sends letter to referral source/family physician following intervention or at time of transition of care If Dietitian identifies that child/family may require specialty care services, the referral source will be contacted to confirm transfer to specialty care Referral source will be notified if child/family is unable to be booked, withdraws from intervention prior to completion, or chooses not to engage in services 	Transition Plan/Referral Source Update: <ul style="list-style-type: none"> Transition to local services post intervention, if available Clinic communicates with referral source/family physician throughout intervention and at time of transition of care Transition plan communicated with referral source with suggestions for ongoing follow-up Referral source will be notified if child/family is unable to be booked, withdraws from intervention prior to completion, or chooses not to engage in services

Other Information- Alberta Health Services Community Options (not requiring a referral):

MEND (Mind Exercise Nutrition Do It!) is a self referral, community based program for families with children age 2-13 years old that teaches families how to make healthy lifestyle choices. MEND is offered in a number of Alberta communities and provided at no cost to participants. Families interested in learning more about MEND can call Health Link at 1-866-408-LINK (5465). Health care providers can learn how to direct children and families to a MEND program in their area by calling 1-855-943-1870.