



Last Name _____ First Name _____
 PIN _____ Gender _____
 Address _____

 DOB _____ Home Phone _____
 Work Phone _____ Cell _____

CDM Referral Form

Phone: 780.608.4927
 Fax: 780.608.4931

Date of Referral _____ Referral Physician _____
 Family Physician _____ Phone _____ Fax _____
 Date of next follow-up appointment with Physician (if any) _____

Health Coach – introductory lifestyle & nutrition counselling

- Atrial Fibrillation
- Diabetes - Type II
- Heart Failure
- Impaired Glucose Tolerance / Impaired Fasting Glucose
- COPD
- Dyslipidemia
- Hypertension
- Weight Management
- Metabolic syndrome

Group Programs

(supported by Multi-disciplinary Team)
 Healthy Changes Program

Dietitian

Bowel conditions / health:

- IBD (Crohn's and Ulcerative colitis)
- IBS
- Diverticular disease
- Dumping syndrome
- Bowel health (chronic constipation / diarrhea)
- Celiac disease
- GERD
- Gastrointestinal intolerances

Other concerns / conditions:

- Anemias (iron / folate / B12)
- Bone & joint health
- Cancer
- Diabetes – Type II (CHO counting, carb / insulin ratios)
- Dysphagia
- Eating disorders (anorexia, binge eating, bulimia)
- Fatty liver disease
- Food intolerances & adverse reactions

- Kidney stones
- Low BMI / Protein malnutrition / unintentional weight loss
- Low income (nutrition education for "eating well on a budget")
- Post op nutrition education (ostomy reversal, gallbladder removal)
- Chronic renal failure
- Vitamin & mineral deficiencies

Exercise Specialist

Consults:

- Individualized exercise programming
- Community resources / program navigation
- Parkinson's
- Osteoporosis (exercise safety / spine sparing strategies)

Group Programs:

- Balance Classes
- Parkinson's Exercise Program
- Supervised Exercise Program
- MOVE (Summer outdoor walking / exercise)

Comments:

PHYSICIAN INFORMATION

Lab Values: Current lab values will be accessed by the CPCN via *NetCare*. **With my signature I authorize implementation of the CPCN CDM Program Protocol CDM Lab Schedule & Adverse Events and I give permission for the PCN CDM Team to order lab values in my name using my lab ID number.**

Signature _____ Lab ID # _____

Results will be sent to your clinic as per usual procedure. It remains your responsibility to review these lab results and to provide necessary follow up action. The CPCN will be in communication with you regarding newly ordered lab results as they may affect the patient's program plan.