



Complete Patient Profile

Surname: _____ Given Name: _____
 PHN: _____ Date of Birth: _____
 Phone: _____ Mobile: _____ E-mail : _____
 Address: _____ Postal Code: _____
 Reason for Referral: _____
 Medications: _____

Relevant Medical History: _____

Language spoken: _____ Interpreter Required (Y/N): _____
 Physician name: _____ Physician signature: _____

ASTHMA AND COPD EDUCATION ☐

This program offers individual self-management education sessions with a Respiratory Therapist. Breathing tests may be performed. Physician referral required.

RESPIRATORY REHABILITATION - BREATH EDUCATION PROGRAM ☐

The Breath Respiratory Rehabilitation program is a comprehensive 5-week program of exercise, education and social support for COPD clients and their families. The program is led by a multi-disciplinary health care team (Respirologist, OT, PT, RN and RD). No fees for service. Tests required (if not included will be AUTOMATICALLY ordered): ☐ Pulmonary Function ☐ ECG ☐ Chest X-ray

DIABETES EDUCATION PROGRAM ☐

This program focuses on educating and supporting patients in their self-management and healthy living. Education is available for people of all age groups and types of diabetes. The specialist team may consist of RNs, RDs, Pharmacist, & Exercise Specialist. Labs required (Blood glucose & lipids, HbA1C). Some fees may apply.

Date of Diagnosis: _____ Type: ☐ Pre-diabetes ☐ Type 1 ☐ Type 2
☐ Gestational (complete box below)

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 ☐

This program focuses on cardiac risk reduction for those with risk factors or those who have an established cardiac condition. A multidisciplinary team (Internist, Exercise Specialist, RN, & RD) provide personalized counseling to establish an exercise program, diet, and lifestyle modifications. There is emphasis on education through a seminar series and goal setting to help reduce the risk of heart disease and improve overall health. Patients are connected with hospital or community based exercise programs. Service fees apply.

FOOT CARE PROGRAM ☐

This program is designed to assess and educate patients in their foot care with a special focus on prevention of foot ulcers and lower-extremity amputations. The team consists of a RN and OT. NO OPEN WOUNDS. Patient can self refer. Service fees apply.

Does this patient have Prediabetes or Diabetes? (Yes/No) _____

NUTRITIONAL COUNSELING PROGRAM ☐

A RD provides group education or individual appointments for all ages and types of diets. Patients can self refer. Fees apply for Bodysense only.

Choose your program: ☐ BodySense - lifestyle/weight management (14 sessions)
☐ Hypertension (1 session)
☐ Lipid (2 sessions)
☐ Tip the Scale - weight control (1 session)

Other service: ☐ Individual Counseling Reason: _____ (e.g. Renal failure)

TOBACCO CESSATION SUPPORT ☐

One on one or group support for patients who are ready to quit smoking.

SUPPORT FOR MEDICAL GROUP VISITS ☐

Some of the programs and services listed in this form can be arranged as an Interdisciplinary group medical visit at GP Offices or Medical Day Centre. Check this section if you would like us to support your practice in offering group visits.

**Thank you for attaching laboratory and other
relevant test results.**



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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