

One Medical Obesity Management Referral Form

Please fax completed forms to **403-538-6581** or email to admin@onemed.ca

Patient Information:		
Full Name		
Mailing Address	City	Postal Code
Phone number (<i>Cell or Home</i>)	Email address (if available)	
Personal Health Care Number	Date of Birth (<i>yyyy-mon-dd</i>)	
Referring Physician:		
Name		
Practitioner ID	Clinic Name and Location	
Phone number	Fax number	
Select all criteria applicable:		
<input type="checkbox"/> BMI > 30kg/m ² OR <input type="checkbox"/> BMI of 27 to 29.9 kg/m ² with weight-related comorbidities, <input type="checkbox"/> Weight-loss goals not met with a comprehensive lifestyle intervention alone. <input type="checkbox"/> Resident of Alberta <input type="checkbox"/> Age 18+ years old		
Please list all co-morbidities and any other relevant information:		
Supporting Documents		
Please include any relevant documentation that may inform obesity assessment, discharge summaries, consultant letters, case worker information.		

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