



Optimizing Chronic Disease Management

Rural Chronic Disease Management

Name: _____

Address: _____

PHN: _____

DOB: _____

REFERRAL

Central Booking: 1-855-250-7070 (toll free)

- Humboldt
- Rosthern
- Wakaw
- Wynyard

FAX: (306) 682-4417
 FAX: (306) 232-5218
 FAX: (306) 233-5990
 FAX: (306) 554-2994

Phone: _____ **hm** _____ **wk**

Reason For Referral (If checking multiple areas, please identify the top priority.)

DIABETES

- new diagnosis pre-existing
- type 1 type 2 GDM

Insulin Start

Type: _____

Dosage: _____

Insulin Review and Adjustment

Asthma

COPD

Cardiac Rehabilitation

Dyslipidemia

Hypertension

Metabolic Syndrome

Pre- Diabetes

Weight Management

Nutrition Consult

Specify _____

Exercise Therapy

Specify _____

LiveWell with Chronic Conditions

self management skills workshop

Other Diagnoses and Comments (Goals of Treatment, Challenges & Disabilities, Contraindications, etc.)

EXERCISE Restrictions None Restrictions, specify _____

MEDICATIONS (list all current medication or attach current health summary or PIP print out)

LABS (prefer that relevant lab reports are attached)

PFT / Spirometry / ECG / ETT (please attach)

Ht _____ Wt _____ BP _____ FBS _____ A1C _____ GTT(F) _____ (1hr) _____ (2hr) _____

LIPIDS: Total Chol _____ LDL _____ HDL _____ Trigs _____ Chol/HDL Ratio _____

RENAL: Alb/Cr _____ Cr Cl / egfr _____ K⁺ _____ PO₄ _____ **Other** _____

Physician Signature: _____

(or other)

Date: _____

Referral Tracking, entered by _____

Appointment: _____

No Show rebook letter to MD

