Saskatchewan Health Authority

LiveWell

LiveWell Chronic Disease Management Referral (Updated Oct. 3, 2018)
Central Triage, Box 1, Royal University Hospital, 103 Hospital Drive, Saskatoon SK S7N0W8
www.saskatoonhealthregion.ca/LiveWell **FAX: 306-655-6758**

PLEASE COMPLETE ALL SECTIONS

Main Reason for Referral:	Date of Referral: (dd/month/yyyy)

☐ **Medical History** ☐ **Consult Note** ☐ **Medications** ☐ **Current lab results** ☐ **I have discussed referral with individual**

Name of Referring Individual	Phone	Fax	Profession
Name of Patient's Family Physician	Phone	Fax	

Patient Profile

Surname	Given Name	
PHN	DOB dd/mmm/yy	☐ M ☐ F ☐ other
Address Include Postal Code		
Primary Phone#	Secondary Phone#	
Email:		

☐ Patient may benefit from programs that focus on First Nations, Métis or new immigrants

Suitable for Group? ☐ Yes ☐ No

Other considerations: ☐ Hearing ☐ Vision ☐ Language - Interpreter required? ☐ Yes ☐ No
☐ Impaired Mobility ☐ Cognitive Impairment ☐ Mental Health ☐ Low Income ☐ Transportation
☐ Other:

Adult Nutrition

☐ Celiac ☐ IBD ☐ IBS
☐ Heart Healthy Nutrition (Group)
☐ Weight Management Group
☐ Other:_____

Cardiovascular

☐ Cardiac Rehabilitation Education

Chronic Disease Self Management Workshops

☐ LiveWell with Chronic Conditions
☐ LiveWell with Chronic Pain

Diabetes

By referring to the Diabetes Program, you consent to short term insulin adjustment by the Nurse Clinician using 1-2 units/up to 10% of daily dose (as per Saskatoon and Area CDM Insulin Dose Adjustment policy and medical directive). The nurse will connect with MRP if concerns.

☐ **I do not consent to the diabetes nurse clinician adjusting insulin.**

☐ New Diagnosis ☐ Pre-existing ☐ Type 1 ☐ Type 2 ☐ Pre-diabetes ☐ Other

Adult
☐ Education with referral to Diabetes Specialist by Clinician if needed
☐ Diabetes Specialist Physician & Multidisciplinary team (Physician Referral Required)

Pregnancy
(attach pre-natal sheet)
☐ Gestational
☐ Type 1
☐ Type 2
EDC: _____

Pediatric
Age 0-16, undiagnosed type 1 and type 2
(Age 17-18, consider adult referral)
Newly diagnosed, untreated diabetes considered **urgent -** consult pediatric endocrinology at RUH at 306-655-1000
Non-urgent referrals – Fax: 306-844-1536 Ph: 306-655-2048

Exercise

☐ Cardiac ☐ Pre-Diabetes
☐ Diabetes ☐ Parkinson's
☐ Stroke ☐ Pulmonary
☐ Chronic Kidney Disease
☐ Other: _____

Pediatric Obesity

Pediatric (include growth chart)
☐ Multidisciplinary Clinic
☐ Dietitian only

Respiratory

☐ COPD Nurse
☐ Asthma Nurse

(attach spirometry /PFT)

Rheumatology

(check all that apply)
☐ OA ☐ RA ☐ AS ☐ Lupus
☐ Reactive Arthritis ☐ Polymyalgia
☐ Psoriatic Arthritis
Other:_____

Comments: