



**Grand Bend Area
Community Health Centre**
69 Main St., Box 1269
Grand Bend, ON N0M 1T0
Ph: 238-2362 Fax: 238-6478

**First Step Weight Management
Healthy Lifestyle Program**

Medical Referral

Completed By Health Care Provider [M.D. / N.P.]

Name:		Date Seen:	
<input type="checkbox"/> First Referral <input type="checkbox"/> Follow-Up <input type="checkbox"/> Individual Support <input type="checkbox"/> Group Support (~ 12 wk Small Group Session)			
Wt.	Ht.	BMI	B.P.
Has this patient ever been diagnosed with an Eating Disorder?		<input type="checkbox"/> Yes	Dx: <input type="checkbox"/> No
Are there other reasons why this patient would be unsuitable for this program? [i.e.: Bipolar Disorder, Personality Disorder, etc.]		<input type="checkbox"/> Yes	Reason: <input type="checkbox"/> No
If yes to either of the above questions, entry into this program is considered inappropriate unless indicated otherwise by yourself. Entry Recommended <input type="checkbox"/> Comments or Advise:			
1. Food Plan Recommendation: <input type="checkbox"/> Canada's Food Guide, Health Canada Guidelines <input type="checkbox"/> Dietitian Consult *Health Provider to Arrange Consult + Necessary Follow-Up Type of Diet: _____ <input type="checkbox"/> Other: _____			
2. Candidate For Pharmaceutical Aids [i.e.: Zenical, Meridia, Other]: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Rx:			
3. Weight Recommendation for 12 Week Session: _____ lbs <ul style="list-style-type: none"> • Patients will be weighed weekly. • A BP machine will be available for self-monitoring. BP protocol will be discussed + BP's will be tracked • Bio-Impedance Analysis [BIA] Testing will be done at regular intervals to determine ↓ body fat, ↑ muscle, hydration. • Unless otherwise indicated the goal will be ½ - 2 lbs / wk by practicing healthy lifestyle behaviours. [Patients unable to lose and / or already at a healthy weight will focus on maintenance.] • A 10% body weight loss goal, maintained, is the final outcome of First Step. Patients may be referred for further weight reduction, or a "Booster Session" at a future date to re-enforce healthy habits. • There is a maintenance component to this program + individual healthy lifestyle counselling. • Health Providers will receive an initial Consult Note + End of Session Assessment outlining health / change indicators. 			
4. Activity Recommendations: <input type="checkbox"/> No Activity <input type="checkbox"/> Maintain Current Activity <input type="checkbox"/> Increase Activity Restrictions Apply: Please Advise:			
5. Follow-Up Recommendations: This patient should be seen again: [x] End of Session (Automatic) <input type="checkbox"/> Other _____			
Other Comments / Advise:			
_____ Physician Name / Signature		_____ NP Name / Signature	
Include Address / Stamp if Not Part of GBA CHC			

Registration Initiated By Patient Contacting

Cheryl Ashick-Englert – B.A., M. Div.
Healthy Lifestyle Counsellor

Ph: 519-238-1556 #237

Please Have Patient Return Completed Referral to Counsellor if not a Patient of Grand Bend Area CHC