

Patient Profile:

PDF of form at <http://vch.eduhealth.ca/PDFs/EF/EF.850.N67.pdf>

Referrer Information/Stamp:

Surname _____ Given Name _____

PHN _____ DOB (d/m/y) _____ Sex _____

Mailing Address _____

Primary Phone # _____ Secondary Phone # _____

Email _____

(MSP#, name, address, phone, fax)

Special Considerations:

- Hearing Impairment Mental Health Mobility Limitations NOT suitable for group education
- Vision Impairment Low Income Cognitive Impairment Interpreter Required, Language _____

Main Reason for Referral:

Medical History:

Medications:

Care Coordination for Patients with Complex Health Needs

- Chronic Disease Management Nurse Coordinator Program ***Please sign Physician Acknowledgement of Permission on Page 2**

Nutrition

For Diabetes Nutrition please refer to Diabetes →

Nutrition Concerns: _____

- Cholesterol/Fatty Liver/Hypertension/ IFG
- Overweight/Obesity
- Celiac Disease
- Irritable Bowel Syndrome
- Low Weight/Unintentional Weight Loss
- Pediatric Feeding Difficulties/Picky Eater

(for pediatric patients include Growth charts & Pediatrician consults)

Diabetes

Please attach labs: FPG and/or A1C, Lipid Panel, ACR,(if available: GTT)

Date of Diagnosis _____

- Type 1
- Type 2
- Prediabetes
- Gestational Diabetes

Due Date: _____

- Insulin Start
- Rx: _____
- Diabetes Education
- Diabetes Nutrition Education
- Pediatric Diabetes Clinic
- Diabetes Foot Care Program

(no open wounds)

Respiratory

- Asthma Education Program
- COPD Education Program
- Respiratory Rehabilitation – LGH BREATH Program

Required Information: Medical history (within 1 yr),
*Pulmonary Function (within 3 yrs),
*ECG (within 6 mths), *Chest x-ray (within 1 yr)

***The above tests will be ordered automatically if not attached.**

Cardiovascular

- Cardiac Rehab and Cardiometabolic Program

Mental Health

Bounce Back Online self-guided program – NO referral required register @ www.bouncebackonline.ca

- Bounce Back Coaching Program – **Physician Referral required**

This form is regularly updated. Access latest version at: <http://vch.eduhealth.ca/PDFs/EF/EF.850.N67.pdf>

All programs take place on the 2nd Floor of the West Vancouver Community Centre unless otherwise specified.

Chronic Disease Management, Care Coordination for Patients with Complex Health Needs

CHRONIC DISEASE MANAGEMENT NURSE COORDINATOR PROGRAM (t. 604-984-5752 ext 2) – Offers guideline-based chronic disease management for patients with two or more chronic conditions. **Referral must come from a Primary Care Practitioner.**

Acknowledgement of Permission

Thank you for referring your patient to our *Chronic Disease Management Nurse Coordinator Program*. Our Chronic Disease Nurses work closely with you, your patient, and their family so they can better manage their condition(s), and work towards healthy targets.

We request your permission for the Chronic Disease Nurse to order under your MSP billing number any missing or overdue blood work and diagnostics (i.e. ECG, baseline PFT, etc.) required for guideline-based care.

Please sign below to acknowledge your agreement. This agreement will remain valid for the duration of your patient's enrollment in this program, unless you formally request that this consent is withdrawn.

Signature: _____ Date: _____
(Physician)

I DO NOT agree to have the Chronic Disease Nurse order blood work and diagnostics under my MSP billing number.

Nutrition

NUTRITION COUNSELLING PROGRAM (t. 604-984-5752 ext 2) – Offers group education or individual appointments with an RD for patients of all ages and types of diets. RD will triage into appropriate program.

Diabetes

PREDIABETES AND DIABETES EDUCATION PROGRAMS (t. 604-984-5752 ext 2) – Series of education classes and/or individual appointments in self-management. Team may include a RN, RD and Exercise Specialist.

DIABETES IN PREGNANCY CLINIC (t. 604-984-5752 ext 2) – For pregnant women who have type 1, type 2 or gestational diabetes; includes group education and individual appointments with RN, RD and Endocrinologist as required.

DIABETES FOOT CARE PROGRAM (t. 604-984-5752 ext 2) – Assessment and education for foot care with a special focus on prevention of foot ulcers and lower extremity amputations. It may include RN and OT. **NO OPEN WOUNDS. Service fees apply.**

PEDIATRIC/YOUNG ADULT CLINICS: Multi-disciplinary team may include a RN, RD, Pediatric Endocrinologist and Child & Youth Mental Health Clinician.

Respiratory

RESPIRATORY DISEASE EDUCATION PROGRAM (t. 604-988-3131, local 4954) – For adults with **Asthma** or **COPD**. Program teaches the basics of asthma or COPD and provides self-management strategies. Can provide smoking cessation counselling to prevent disease from developing or worsening, as required. Also provides instruction on how to recognize and manage an asthma or COPD flare up with an individually tailored action plan. One on one session with follow up by phone.

RESPIRATORY REHABILITATION-BREATH PROGRAM @ Lions Gate Hospital (t. 604-988-3131, local 4940) - The **Breath Respiratory Rehabilitation program** is a 5-week program of exercise, education and social support for COPD clients and their families. The team includes a Respirologist, OT, PT and RN.

Cardiovascular

CARDIAC REHAB AND CARDIOMETABOLIC PROGRAM @ #200 – 101 16th St W, North Van (t. 604-904-0810) – Offers individual counselling to establish an exercise program, diet and lifestyle modifications for patients with cardiac risk factors or those who have an established cardiac condition. The team includes a Clinical Educator, Exercise Specialist, and program specialist physicians. **Service fees apply.**

Mental Health

BOUNCE BACK PROGRAM (t. 604-929-2199) – Offers brief, structured coaching over the phone by a community coach on self-management of mood and worry for patients living with a chronic disease or chronic pain. (Patients should **NOT** be at risk to harm self/others **OR** significantly misusing substances **OR** dx with personality disorder **OR** manic episodes in past 6 months) More information at www.cmha.bc.ca or www.bouncebackonline.ca.