ALBERTA OBESITY CENTRE

REFERRAL FORM

Alberta Obesity Centre Specialty Clinic Referral

Please fax completed forms to 587-387-2110 OR call for booking at 587-320-6123

Patient Demographics		
Full Name		
Mailing Address	City	Postal Code
Phone numbers *(Cell and Home)*	Email address	
Personal Health Care Number	Date of birth *(yyyy-mon-dd)*	

Referring Physician	
Name	
Phone number	Fax number
Practitioner Identification Number	Primary Care Network

Select all criteria applicable
☐ BMI ≥30 kg/m², OR ☐ BMI of 27 to 29.9 kg/m² with weight-related comorbidities, ☐ Weight-loss goals not met with a comprehensive lifestyle intervention alone. ☐ Resident of Alberta ☐ Age 18+ years old ☐ Previous bariatric surgery
Please list all co-morbidities

Supporting Documents
Please include any relevant documentation that may inform obesity assessment, discharge summaries, consultant letters, case worker information