Primary Care Network
EDMONTON WEST

#124, Meadowlark Health and Shopping Centre, 156 Street & 87 Avenue,
Edmonton, AB T5R5W9

EWPCN Main Referral Form

Date of Referral:	***For urgent referrals please call 780-443-7477***		
Patient information: Full Name: PHN: DOB: Gender: Address: Phone Number: Alternate Phone Number:	**Referring Provider** ***(Include Prac Id):***	**Family Physician:**	
	Clinic:	**EWPCN Clinician Name:**	
	Special Requirements: ☐ Needs Translator ☐ Hearing Impairment	☐ Language Barrier ☐ Visual Impairment ☐ Other: ___________________	
	BP:	**Weight:**	**Height:**	**BMI:**

MANDATORY - Reason for Referral: (*Please attach pertinent labs results, clinical notes/ patient summary sheet, and a recent medication list)*

To help us better understand the needs of your patient, check all applicable concerns:

Mental:	**Mechanical:**	**Metabolic:**	**Monetary:**
☐ Addiction ☐ Anxiety ☐ Attention Deficit ☐ Depression ☐ Grief / Loss ☐ Trauma ☐ Disordered Eating ☐ Emotional Eating ☐ Poor Body Image ☐ Sleep Disturbance ☐ Stress ☐ Cognitive Concerns ☐ Other: _______________	☐ Breathing Problems ☐ Gastrointestinal Issues ☐ Inactivity ☐ Activity Restrictions Explain: ________________ ☐ Mobility Issues ☐ Pain ☐ Chronic ☐ Acute ☐ Sleep Disorders ☐ Other: ______________	☐ Cancer ☐ Cardiovascular ☐ Heart Disease ☐ Dyslipidemia ☐ Hypertension ☐ Stroke ☐ Diabetes ☐ Hypothyroid ☐ Liver Disease ☐ Medication Concerns ☐ Smoking ☐ Other: ____________	☐ Finances ☐ Employment ☐ Accommodation ☐ Food ☐ Medical Supplies ☐ Medications ☐ Transportation ☐ Social Isolation ☐ Community Resources ☐ Other: _______________ ☐ Guardian/Trustee ONLY *(*Capacity Assessment – Please attach referral forms*)* ☐ Personal Directive

Select below which discipline(s) your patient would like to see:

☐ **Behavioural Health Consultant**
☐ **Exercise Specialist**
☐ **Pharmacist**

☐ **Psychiatrist** **Letter required**
☐ **Registered Dietitian**
☐ **Social Worker**

☐ **Low Risk Maternity Clinic**
Gravida: ________________
Para: ___________________
EDC by LMP: _____________

If more than one discipline is selected, patients will be consulted to determine which discipline they will see first.

Please consider that your patient's needs may be met with EWPCN Workshops
(See green tear off workshop sheet or visit www.ewpcn.com).

Booking line 780-443-7477 | Fax completed form to 780-481-9149

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