

HPCN Health Improvement Program



Patient Name: _____
PHN: _____ DOB: _____
Address: _____ Phone: _____
Family Physician: _____
Referred by: _____ Contact: _____

Help us provide the most appropriate care for your patient by completing this form.

Incomplete forms will be returned for clarification.

Primary reason for referral: _____

The Health Improvement Program is designed for non-complex patients who:

- Have chronic disease and/or modifiable risk factors and who are appropriate for lifestyle change interventions (e.g. weight management, sedentary behaviour, in control diabetes)
- Are ready to improve their quality of life by making long term health changes in small manageable steps
- Are willing to learn self-management skills through education on the importance of sleep, stress management, mental wellness, self-acceptance, goal setting, fueling the body and enjoyable movement

This program offers flexibility and patient choice through a combination of group classes and 1:1 visits as appropriate.

Patients who are ready for change are more likely to be successful in the Health Improvement Program.

On a scale of 1-10 (with 1 being the least ready for change and 10 being most ready for change), how ready is the patient to make a lifestyle change?

1 2 3 4 5 6 7 8 9 10

***Please consider referring patients with a score of 6 or higher**

Exercise is part of the Health Improvement Program. Please assess your patient for activity.

This patient has been evaluated for risk and is medically stable to proceed with mild to moderate exercise.

Please note any factors that prevent your patient from attending and participating in group classes (e.g. cognitive, physical, or language limitations; social anxiety, etc)

Please fax to: (587) 287-1726