



Janeway Lifestyle Program



Please complete this section

Name: _____

HCN: _____

Date of Birth: _____

PATIENT REFERRAL FORM (Part I) For Children aged 2 - 14 years

Please sign and fax/mail completed form to the Lifestyle Program.
Incomplete applications will not be processed.

Referring Health Care Professional's Information (please print):

Name: _____ Profession: _____

Office Phone: _____ Fax: _____ Email: _____

Address: _____ Postal Code: _____

Patient Information (please print): Age: _____

Height: _____ cm Weight: _____ kg BMI: _____ % _____

1st Parent/Guardian: _____ 2nd Parent/Guardian: _____

Address: _____ Phone: _____

_____ Alternate Phone: _____

Postal Code: _____ Email: _____

Referral criteria for Lifestyle Program (please check one or more)

Abnormal lipid profile

Hypertension

Signs/symptoms of Insulin resistance (e.g. Impaired Glucose Tolerance, Type 2
Diabetes, PCOS)

Fatty liver

BMI greater than 95th percentile

Name: _____ Signature: _____

Date: DD/MONTH/YYYY



Janeway Lifestyle Program



Please complete this section

Name: _____

HCN: _____

Date of Birth: _____

PATIENT REFERRAL FORM (Part II) For Children aged 2 - 14 years

In addition to the above information, please ensure that the following has been completed prior to sending referral (please check).

Patient is between the ages of 2 and 14 years

Patient is aware of referral for chronic disease prevention

Patient and at least one parent are able to attend program

List any other medical conditions (asthma, ADHD, behavioral problems, etc): _____

Are you aware of any obstacles that would impede group treatment (ages 6 - 14 only)?

YES NO If yes, please explain: _____

Add any additional information you feel would be helpful to the Team at the Janeway Lifestyle Program: _____

Please note:

Lab work is not required prior to referral as this will be completed as part of medical work-up.

Name: _____ Signature: _____

Date: DD/MONTH/YYYY

**If you are unsure of any part of this referral form or have questions,
PLEASE CONTACT US!**

Janeway Lifestyle Program

Room 4J373, 300 Prince Philip Drive, St. John's, NL A1B 3V6

Phone: 777-4387; Fax: 709-777-4736