



Phone: 5873296529

Fax: 5874418393

www.aspiremedical.ca

#320, 4015 University Ave, NW  
Calgary, Alberta, T3B 6K3

ADULT WEIGHT WELLNESS REFERRAL FORM

ALL FIELDS MARKED WITH AN ASTERISK (\*) ARE MANDATORY. INCOMPLETE OR MISSING INFORMATION WILL RESULT IN PROCESSING DELAYS

Physician Information

Referral Date  
Name  
Prac ID  
Clinic Name  
Clinic Phone  
Clinic Fax

Patient Information

Name  
DOB  
PHN  
Address  
Phone  
Email  
Age  
Gender

Eligibility Criteria

- Must be 18 years of age or older
  - Must not be pregnant
  - Absence of severe untreated personality disorders, active psychosis, and/or substance dependencies
  - Absence of major cognitive impairment
  - Must not be frail ([Clinical Frailty Scale](#) stage 3 or higher)
  - Must be able to attend group sessions
  - Must be capable of completing online intake forms
  - Seeking non-surgical weight management
  - Agrees to cover costs for uninsured evaluations
- \*The patient meets all eligibility criteria outlined above

BACKGROUND INFORMATION

Anthropometry

Weight (kg)

Height (cm)

BMI (kg/m<sup>2</sup>)

\*Past Medical History

\*Past Surgical History

Family History

\*Current Medications

Bioimpedance measurement contraindications & precautions	Yes	No
*Does the patient have electronic implants (e.g., pacemaker or ICD)?		
*Does the patient have active electronic prostheses?		
*Does the patient use a glucose measurement sensor (e.g., FreeStyle Libre)?		
*Does the patient use any electronic systems (e.g., insulin infusion pump)?		
*Does the patient have any uncontrolled cardiac arrhythmia?		
*Does the patient experience any tremors or muscle cramps?		

• Calorimetry Measurements and Bioimpedance Body Composition Analysis are essential for developing personalized, precision-based weight management plans, and are not covered under AHCIP.  
• The uninsured evaluations cost is \$650, and is typically reimbursable by most Extended Health Spending Accounts.

\*Allergies

Occupation

Additional Information