

Richmond Public Health
8100 Granville Ave.
Richmond, BC V6Y3T6
Tel: 604-233-3150 Ext. 5584
Fax: 604-233-3198

Shapedown BC for Chinese Families

*A Partnership between the Centre for Healthy Weights: Shapedown BC
and Vancouver Coastal Health*

PHYSICIAN REFERRALS FOR CHINESE CHILDREN AND ADOLESCENTS WITH OBESITY

June 2014

I am pleased to inform you that the Centre for Healthy Weights – Shapedown BC in partnership with Vancouver Coastal Health will be offering the Shapedown BC for Chinese Families in **Cantonese and Mandarin**. Our multidisciplinary team includes a Physician, a Dietitian, a Mental Health expert and an Exercise Specialist. We are currently seeking referrals for children and teens who may benefit from a family based program that supports families with a healthy living approach (nutrition, lifestyle, motivation and behavioral counseling) around weight management.

***Criteria for the Shapedown BC for Chinese Families:**

- between 6 and 17 years old
- BMI >97th % or >85th % with co-morbidities
- Child/Teen and parents and/or caregivers are interested and able to participate in comprehensive assessment and feedback sessions provided at BC Children's Hospital and a series of 10 week group sessions provided at the Garratt Wellness Centre in Richmond.

The physician referral form and a promotional poster of this new program are attached.

Please kindly complete the physician referral form and **FAX to: 604-233-3198**.

Sincerely,

Amy Chow, R.D./Program Coordinator
Shapedown BC for Chinese Families
Richmond Public Health
8100 Granville Avenue,
Richmond, BC V6Y 3T6
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PHYSICIAN REFERRAL FORM

Date: _____

Please print clearly or fill in electronically

Child's Full Name: _____

Male ☐ or Female ☐

Child's Age: _____ DOB (dd-mmm-yyyy): _____ PHN #: _____

Parent/Guardian's names: Mother: _____
Father: _____
Other (please state relationship): _____

Address: _____

Tel: (home) _____ Tel: (work) _____ Tel: (cell) _____

Reason for Referral:

Current Weight _____ Current Height _____ BMI _____ Current Blood Pressure _____

1. Growth History (please attach growth charts if available)

	Date	Height (in/cm)	Weight (lbs/kgs)
1.			
2.			
3.			
4.			
5.			
6.			

2. Medical/Psychiatric History (please attach any relevant blood work)

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PHYSICIAN REFERRAL FORM

3. Family History

4. Appropriateness for the Shapedown BC for Chinese Families

Entry into the program is considered not only along medical parameters, but the following must also be met:

Participation requires that the patient and parents attend and be:

1. motivated and ready to make change
2. prepared to attend ongoing sessions
3. willing and able to complete homework assignments regularly

5. Please help us to assess whether this patient and their family are suitable for the Shapedown BC for Chinese Families by completing the following questions:

- Are there issues that might impede this child's ability to benefit from a psycho-educational **group** intervention (e.g., learning/cognitive difficulties, behavioural problems, social-emotional or psychiatric concerns)?
☐ No ☐ Yes (Please describe): _____
- Are there any other significant stressors affecting this child/family (e.g., recent family separation, parental psychopathology, severe inter-parental conflict)?
☐ No ☐ Yes (Please describe): _____
- Has the family expressed interest in being referred for further assessment and assistance including nutrition and lifestyle counseling?
☐ No ☐ Yes (Please explain): _____
- The family speaks which of the following languages (check all applicable):
☐ English ☐ Cantonese ☐ Mandarin (Others): _____

6. Additional Comments - We value any further insight you may have into this patient's weight problem.

Referring Physician: _____ Practitioner Number: _____

Specialty: _____

Complete Address: _____ Phone Number: _____

Family Physician: _____ Practitioner Number: _____

Complete Address: _____ Phone Number: _____

Please FAX to: 604-233-3198

Attention: Amy Chow, R.D./Program Coordinator

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