

Formulaire de demande de service du Centre des saines habitudes de vie

La santé existe parmi une gamme de tailles de corps.
Nous sommes un programme de maintien de poids. Notre objectif est d'améliorer la santé
et le bien-être dans l'ensemble et non la perte du poids.

Renseignements du patient *(S.v.p. remplir toutes les cases)	
Nom :	
Sexe : <input type="checkbox"/> Masculin <input type="checkbox"/> Féminin	Date de naissance (JJ/MMM/AAAA) :
Adresse :	
Ville :	
Province :	Code postal :
N° tél. domicile :	Autre N° tél:
N° OHIP:	
Médecin de famille:	N° tél:

Médecin de famille *(S.v.p. remplir toutes les cases)		
Nom :		
Adresse :		
Téléphone :	Télécopieur :	Ligne privée :

Coordonnées des parents/du tuteur *(S.v.p. remplir toutes les cases)		
Nom :		
Lien avec le patient :		
Langue(s) parlée(s) à la maison :		
Services d'interprétation requis (encercler) :		Oui Non
N° tél. domicile :	N° tél. travail :	N° cell. :

Anthropométrie *(S.v.p. remplir toutes les cases)		
Date d'évaluation :		
Taille :	Poids :	IMC :

Antécédents médicaux *(S.v.p. remplir toutes les cases)

Antécédents médicaux :

Antécédents psychiatriques :

Retards de développement :

Mobilités réduites :

Médicaments :

Antécédents sociaux :

Aptitude à l'activité physique *(S.v.p. remplir toutes les cases)

Ce patient peut-il participer en toute sécurité à l'activité physique?

OUI NON _____

Ce patient peut-il participer en toute sécurité à un test de conditionnement physique maximal?

OUI NON

Please check all that apply

Edmonton Obesity Staging System for Pediatrics (EOSS-P)	
Patient Name:	Date of birth (d/m/y): / /
Metabolic	
Stage 1: Presence of subclinical obesity-related risk factors	
Acanthosis Nigricans	
Pre-hypertension: Systolic or Diastolic	
Impaired glucose tolerance (7.8-11.0 mmol/L) and/or Impaired fasting glucose (6.1-6.9 mmol/L)	
LDL-C and/or Non-HDL-cholesterol 3.4-4.1 mmol/L	
HDL-Cholesterol 0.8-1.03 mmol/L	
Triglycerides 1.5-4.0 mmol/L	
ALT 1.5-2.0x normal values	
Ultrasound evidence of mild-to-moderate fatty infiltration of the liver	
Stage 2: Presence of OB-related chronic diseases/health issues	
Type 2 Diabetes without diabetes-related complications	
Hypertension: Systolic or Diastolic	
LDL-C or Non-HDL-cholesterol >4.2 mmol/L	
HDL-Cholesterol <0.8 mmol/L	
Triglycerides >4.0 mmol/L	
ALT 2-3x normal values	
Ultrasound evidence of severe fatty infiltration of the liver	
Polycystic ovarian syndrome	
Asymptomatic gall bladder stones	
Stage 3: Presence of established chronic diseases/health issues	
Focal Segmental Glomerulosclerosis	
Type 2 Diabetes with diabetes-related complications or HbA1c ≥ 8	
Elevated lipids requiring pharmacotherapy	
Cardiomegaly	
ALT >3x normal limits and/or liver dysfunction	
Symptomatic gall bladder stones	
Hypertension on pharmacotherapy	
Uncontrolled hypertension on pharmacotherapy	
Mechanical	
Stage 1: Presence of subclinical obesity-related risk factors	
Mild OSA not requiring BiPAP or CPAP	
Mild musculoskeletal pain that does not interfere with activities of daily living	
Dyspnea with physical activity not interfering with activities of daily living	
Stage 2: Presence of OB-related chronic diseases/health issues	
OSA requiring BiPAP or CPAP	
Gastroesophageal reflux disease	
Musculoskeletal pain and/or complications limiting physical activity	
Moderate limitations in activities of daily living	
Stage 3: Presence of established chronic diseases/health issues	
OSA requiring BiPAP or CPAP and supplementary oxygen overnight	
Pulmonary hypertension	
Limited mobility	
Shortness of breath when sleeping or sitting	
Peripheral edema	
Blount's disease	
Slipped capital femoral epiphysis	
Osteoarthritis	
Incontinence (daytime)	
Encopresis	

Please fax referrals to 613-260-3897
 For inquiries please call 613-260-1477

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Mental	
Stage 1: Presence of subclinical obesity-related risk factors	
Mild depression or anxiety that does not interfere with functioning	
Mild body image preoccupation/concern	
Mild emotional/binge eating (occasional)	
ADHD and/or learning disability	
Mild developmental delay	
Stage 2: Presence of OB-related chronic diseases/health issues	
Major depression or anxiety disorder	
Moderate binge eating (frequent)	
Significant body image disturbance	
Moderate developmental delay	
Stage 3: Presence of established chronic diseases/health issues	
Uncontrolled psychopathology	
Sever binge eating (daily)	
Self/physical loathing	
Severe developmental delay	
Milieu	
Stage 1: Presence of subclinical obesity-related risk factors	
Occasional bullying at school or at home	
Minor problems in the relationships of child with 1 or more family members	
Caregiver is generally knowledgeable of child's needs/strengths, but may require information or support in parenting skills	
Caregiver has minimal difficulty in organizing household to support needs of child	
Caregiver is recovering from medical/physical, mental health and/or substance-use problems	
Mild financial limitations	
Stage 2: Presence of OB-related chronic diseases/health issues	
Significant bullying at school or at home	
Poor school attendance	
Child has moderate problems with parents, siblings, and/or other family members, frequent arguing, difficult maintaining positive relationships	
Need for information on parenting skills; current lack of information interfering with ability to parent effectively	
Moderate difficulty organizing household to support needs of child	
Medical/physical problems that interfere with parenting	
Has some mental health, substance use and/or developmental challenges that interfere with parenting	
Moderate financial limitations	
Stage 3: Presence of established chronic diseases/health issues	
School refusal/absenteeism	
Child has severe problems with parent, siblings, and/or other family members, including constant arguing and family violence.	
Unable to monitor or discipline child	
Unable to organize household to support needs of child	
Experienced recent periods of homelessness	
Medical/physical, mental health, substance use or developmental challenges that make it impossible for caregiver to parent effectively	
Dangerous home environment	
Child protection involvement	
Severe financial limitations	

Clinician Signature:	Date:
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