



HAMILTON • HALTON • NIAGARA • TORONTO • BARRIE  
**TOLL FREE Central Booking Line**  
**(C) 1-855-210-0739**  
 CENTRAL TOLL FREE FAX LINE: 1-855-210-0749



## ADULT & PEDIATRIC WEIGHT MANAGEMENT AND DIABETES REFERRAL FORM

**OHIP FUNDED WEIGHT MANAGEMENT REFERRAL**

*Internal Medicine Specialists and Multi-Disciplinary Team Approach*

Adults > 18 Years with a BMI between 27 to 30 with 1 Comorbidity \_\_\_\_\_  
 (Please indicate Comorbidity and BMI)

**OR**  Adults > 18 Years with a BMI > 30 \_\_\_\_\_  
 (Please indicate BMI)

BMI calculator: [www.nhlbi.nih.gov/guidelines/obesity/BMI/bmi-m.htm](http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmi-m.htm)

**OHIP FUNDED PEDIATRIC WEIGHT MANAGEMENT REFERRAL** (Burlington location only)

*Pediatrician and Multi-Disciplinary Team Approach • Ages 5-18, no BMI criteria*

**DIABETES MANAGEMENT REFERRAL**

*Specialists & Multi-Disciplinary Team Approach*

Type 1 Diabetes       Type 2 Diabetes       Using Insulin Pump

NOTE: PEDIATRIC and OBSTETRICAL referrals not accepted



camh | SickKids | Trillium Health Partners | UNIVERSITY OF TORONTO  
Centre for Addiction and Mental Health   Better Together

**BRAIN-HEART PROGRAM REFERRAL**

*Metabolic and cardiac wellness for patients with mental health disorders*

(In collaboration with camh - Centre for Addiction and Mental Health)

### PATIENT INFORMATION - PLEASE COMPLETE

Last Name:		First:		<input type="checkbox"/> M <input type="checkbox"/> F
Home Address:		City:	Postal Code:	
Home Phone:	Alternate Phone:		Date of Birth:	
OHIP Number: <small>(Must have valid Ontario Health Card)</small>		Email Address:		

### REFERRING PHYSICIANS INFORMATION - PLEASE COMPLETE

Referring Physician:	Billing Number:
Address:	
Backline Number:	Fax Number:
Physician's Signature Required:	Date of referral:

Please Note: Our office will contact your patient with an **appointment date and time**.

Contact us at [referrals@whartonmedicalclinic.com](mailto:referrals@whartonmedicalclinic.com) for additional information.

All consult notes will be sent to your office via fax after each patient visit.

**PLEASE SEND ALL REFERRALS TO THE CENTRAL TOLL FREE FAX LINE: 1-855-210-0749**