



BURLINGTON (IN PERSON) • VIRTUAL  
**TOLL FREE Central Booking Line**  
**1-833-962-5359**  
 CENTRAL TOLL FREE FAX LINE: **1-888-825-1505**



**ADULT & PEDIATRIC WEIGHT MANAGEMENT AND DIABETES REFERRAL FORM**

■ **ADULT WEIGHT MANAGEMENT (>18 years old)**

*Internal Medicine Specialists and Multi-Disciplinary Team Approach*

■ BMI 30-35 with Prediabetes or Type 2 Diabetes \_\_\_\_\_  
(Please indicate BMI)

■ BMI >35 \_\_\_\_\_  
(Please indicate BMI)

■ **CHILDREN'S WEIGHT & HEALTH MANAGEMENT** (Burlington location only)

*Ages 5 -18, No BMI criteria*

*Please inform patient that we will discuss the following options (if they qualify):*  
 1) Psychological Intervention  
 2) Pharmacotherapy  
 3) Bariatric Surgery

■ **TYPE 2 DIABETES MANAGEMENT REFERRAL**

*Specialists & Multi-Disciplinary Team Approach*

NOTE: PEDIATRIC and OBSTETRICAL referrals not accepted

**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: 1-888-825-1505**

\* Please visit our website to download a copy of this referral form [www.whartonmedicalclinic.com](http://www.whartonmedicalclinic.com)