



HAMILTON • HALTON • NIAGARA • TORONTO
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

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

OHIP FUNDED CHILDREN'S WEIGHT & HEALTH CLINIC 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



BRAIN-HEART PROGRAM REFERRAL

*Metabolic and cardiac wellness for patients with mental health disorders
 (In collaboration with camh - Centre for Addiction and Mental Health)*

How did you hear about us?

camh other _____
 (Physician Name & City)

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 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