



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 27-30 with Prediabetes or Type 2 Diabetes _____
(Please indicate BMI)

■ BMI >30 _____
(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 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