



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 any obesity-related comorbidity (Please indicate BMI)

BMI >30 (Please indicate BMI)

CHILDREN'S WEIGHT & HEALTH MANAGEMENT

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

Form with fields: Last Name, First, Gender (M/F), Home Address, City, Postal Code, Home Phone, Alternate Phone, Date of Birth, OHIP Number, Email Address.

REFERRING PHYSICIANS INFORMATION - PLEASE COMPLETE

Form with fields: 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