



HAMILTON • HALTON • NIAGARA • TORONTO  
**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 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](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**