

Internal Medicine . Weight Management . Hypertension Clinic
. Clinical Research . Health Education & Resource Centre

Internal Medicine Specialists and Multi-Disciplinary Team Approach Referral Criteria

***** THIS MUST BE COMPLETED PRIOR TO SENDING *****

1. Adults > 18 Years with a BMI between 27 to 30 with 1 Comorbidity

LIST 1 COMORBIDITY: _____

INDICATE PATIENT'S: BMI: _____ WEIGHT: _____

You can use the following website to calculate BMI www.whartonmedicalclinic.com/bmical.php

2. Adults > 18 Years with a BMI > 30

INDICATE PATIENT'S BMI: _____ WEIGHT: _____

REF. PHYSICIAN: (Please Print) _____ ADDRESS: (CITY) _____

OHIP BILLING # _____ SIGNATURE: _____

PHYSICIAN BACKLINE #: (_____) _____ PHYSICIAN FAX #: (_____) _____

PATIENT NAME: FIRST: _____ LAST: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

HEALTH CARD #: _____ DOB (MM/DD/YY): _____

PATIENT CONTACT:
(HOME) _____ (CELL) _____ (WORK) _____

(EMAIL) _____

**PUT PATIENT LABEL HERE
IF AVAILABLE**

Please Note: Our office will contact your patient with an appointment date and time. Due to the amount of referrals we receive we cannot fax back referral confirmation. Please feel free to call or email us if you would like any information at anytime.

Contact us at referrals@whartonmedicalclinic.com or on our backline at the numbers below.

All consult notes will be sent to your office via fax after patient visits.

FAX ALL REFERRALS TO (905) 634-5332

2079 Lakeshore Road
Burlington, L7R 1E2
(905) 634-1625 MAIN

414 Victoria Avenue North
Hamilton, L8L 5G8
(905) 527-7663 MAIN