

Weight and Metabolic Health Clinic

Out-Patient Dept. Clinics, 1st floor, T Wing
825 Coxwell Avenue, Toronto, ON M4C3E7
TEL: (416) 469-6031 FAX: (416) 469-6458



Patient Label

Patient Last Name:		Given Name:		Date of Birth: (Day / Month / Year)	
Address:			Apt#:	Telephone Number - Home: ()	
City:	Province:	Postal Code:	Email:	Telephone Number - Cellphone: ()	
Emergency Contact:			Relationship To Patient:		Telephone Number- Emergency Contact: ()
Primary Care Provider:		Ontario Health Card Number:	Version Code	Hospital Patient ID No. / MRN:	

Required Questions:	INTERPRETER Language interpreter required? <input type="checkbox"/> No <input type="checkbox"/> Yes - If YES, language:	
	American Sign Language interpreter required? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	PRIVACY May we call the patient or leave a message? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	If NO, who can we contact? Name: _____ Tel: _____	
	Appointment Notification Preference? <input type="checkbox"/> Text <input type="checkbox"/> Email (consent received) <input type="checkbox"/> Automated Call	

Referred To:	Clinic / Service: Weight and Metabolic Health Clinic	Specialist/Clinician Name:
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Reason For Referral: IMPORTANT PLEASE READ: INCOMPLETE REFERRALS WILL BE RETURNED FOR COMPLETION PLEASE SEND ALL PERTINENT LAB/ DIAGNOSTIC RESULTS AND A LIST OF CURRENT MEDICATIONS	Reason for Referral: <u>** Accepting Internal Referrals Only**</u>	
	<input type="checkbox"/> BMI ≥27 <u>with</u> obesity-related comorbidity (e.g., diabetes, GERD, OSA, fatty liver) undergoing surgery in AT LEAST 6 months time at Michael Garron Hospital requiring weight optimization <input type="checkbox"/> BMI ≥30 <u>without</u> obesity-related comorbidity undergoing surgery at Michael Garron Hospital requiring weight optimization <input type="checkbox"/> Preoperative bariatric surgical patients requiring endocrine optimization prior to surgery (e.g., diabetes) <input type="checkbox"/> Preoperative bariatric surgical patients with BMI ≥70 <input type="checkbox"/> Patient not eligible for bariatric surgery <input type="checkbox"/> Postoperative bariatric surgical patients with endocrine related issue (e.g., weight regain, diabetes, post-bariatric hypoglycemia, osteoporosis)	
	Additional Questions (If "yes" to any of the questions below, patient not eligible for clinic referral)	
	Is the patient already part of a weight management or bariatric program? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Past Medical History:	
Current Medications:		
Date of Planned Surgery (dd/mm/yyyy):	Procedure to be completed:	Surgeon:

Referring Physician:	Physician Name:		Telephone Number: ()	
	Referring Clinic Name:			Fax Number: ()
	Physician's Signature:	Billing#:	Date:	