

Evolve Metabolic Medical Weight Loss Clinic Referral Form

Oakville:

Fax: 289-725-9797 **Tel:** 289-725-9997

Address: 479 Dundas Street West, Oakville, ON L6M 1L9

Burlington:

Fax: 905-335-1717 **Tel:** 905-335-0707

Address: Unit 107 - 4645 Palladium Way, Burlington, ON, L7M 0W9

Milton:

Fax: 289-409-0049 **Tel:** 289-409-0049

Address: Unit 109, 420 Bronte Street South, Milton, Ontario, L5T0H9.

Patient Information:

Full name:

Date of birth (DD-MM-YYYY):

Health card number (with version code):

Address:

Phone number:

Alternate contact (name/phone):

Referring Physician Information:

Referring physician name:

Billing number:

Phone:

Fax:

Date (DD-MM-YYYY):

<p>Reason for referral:</p> <ul style="list-style-type: none">-Obesity (BMI > 30)-Overweight (BMI between 25 to 30).-Dietary counselling -Obesity related complications: Diabetes Hypertension Metabolic syndrome Fatty liver disease/ MASH	<p>Urgent referral?</p> <ul style="list-style-type: none">-Yes-No
<p>Please attach relevant medical history to this referral form if available.</p>	