

Your Prescription for a Healthy Weight



PROGRAM REFERRAL



ME+ABOLICHEALTH™
PROGRAM
FIRST RESPONSE FOR OBESITY AND DIABETES

MetabolicHealth Program Referral

We require referral from your primary care provider to participate in the **MetabolicHealth Program**. Please see your provider to have the referral portion completed and faxed to our office. We will contact you with program details upon receipt of the referral.

REFERRAL FROM PRIMARY CARE PROVIDER

We accept referrals for the following. Please check all that apply:

- Type two diabetes On Insulin treatment
 Obesity (BMI > 30)
 Metabolic Syndrome: Waist > 102cm, TG > 1.7 HDL < 1.3 HTN IFG/IGT
 Polycystic Ovarian Syndrome (PCOS)
 Nonalcoholic Steatohepatitis (NASH)

Please see the following patient for assessment and lifestyle based management of obesity and if applicable, diabetes. I understand that my patient's pharmaceutical needs will change with weight loss. I approve of any modifications felt appropriate by you for the management of hypertension and diabetes.

Sincerely,

SIGNATURE

PRINT NAME

CPSO NUMBER

BILLING NUMBER

DATE

PATIENT NAME

PATIENT BIRTH DATE

PATIENT EMAIL

PATIENT PHONE NUMBER

IN PERSON

REMOTE THROUGH OTN

*PLEASE FAX COMPLETED FORM TO 519.352.2176

LOCATION/INQUIRES

THE THAMESVIEW CENTRE FOR FAMILY MEDICINE

465 Grand Ave. W. Chatham, Ontario | F: 519.352.2176