

Weight Assessment

Tel: 416-739-0158 Fax: 905-669-3832

www.manageyourweight.ca

AUSTIN
WEIGHT MANAGEMENT
CLINIC

In Affiliation with The Ottawa Hospital



REFERRAL

Patient Information

Last Name		First Name		Date of Birth (yy/mm/dd)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address	Apt	City	Province	Postal Code	
Telephone - Home		Business	Other		
Province Health Card #		Version	Expiry Date		

Referring Physician Information

Physicians Name		Physicians Number	Telephone
Address		Fax	

Please see my patient re: Obesity Assessment **Weight Management**
+ Any further MD notes:

IMPORTANT: Please provide the following lab values

Blood Glucose	Total Cholesterol	HDL	LDL	Triglycerides	TSH

Your patient will be given a full obesity assessment by our clinic physician or specialist from which further recommendations and option for treatment will be provided.

FOR Booking Staff Only

Date of Appointment	Time
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Appointment with **Dr.**