WEIGHT2LOSE
Medical Clinics

Core Program Referral

Fax completed referral to

416-636-3236

PATIENT

Patient full name

Date of birth (YYYY-MM-DD)

Home phone

Mobile phone

Health card number (if applicable)

REFERRING PHYSICIAN / CLINIC

Referring physician

Office / clinic name

Office phone

Office fax

Referral date (YYYY-MM-DD)

CLINICAL INFORMATION

Reason for referral / medical history / chronic conditions

Relevant medications (or attach current medication list)

Relevant laboratory findings / requested focus (optional)

Attached: ☐ Recent laboratory results ☐ Medication list ☐ Other relevant records

Nutritionist-led support for weight management and metabolic health.

MD or ND consultations can be arranged separately when appropriate.

This program is private pay and is not covered by OHIP. Eligible services may qualify for extended health benefits.

Weight2Lose Medical Clinics | Phone: 647-559-4496 | weight2lose.ca

Complete digitally and save, or print. Fax the completed form and supporting records.

Please attach relevant recent results when available. Retain a copy in the patient's chart.