



## CONSULTATION REQUEST FORM

### REASON FOR CONSULTATION

- Adults >18 years with BMI >27 with co-morbidities (metabolite program)
- Adults >18 years with BMI >30 (metabolite program)
- Metabolic Syndrome (Diabetes Type II, Hypertension, Hyperlipidemia).
- Hair Loss

### CONTACT DETAILS

Referring Provider: \_\_\_\_\_

OHIP Billing #: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Office Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Version Code \_\_\_\_\_

DOB (Day/Month/Year): \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The Metabolite Program is supervised by Internal Medicine Specialists.  
This is an OHIP funded weight management program.  
Please include a brief consult note and latest blood work if possible.  
Consultations are completely virtual.