






METABOLITE CLINIC
INNOVATING OBESITY MEDICINE

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 contact@metaboliteclinic.ca

CONSULTATION REQUEST FORM

REASON FOR CONSULTATION

Accepting Ocean E-Referral



- ☐ Adults BMI >27 (obesity management)
- ☐ Metabolic Syndrome (Diabetes Type II, HLD, Fatty Liver, HTN).
- ☐ Preparation for Fertility Treatment (referrals will be seen within 1 week)
- ☐ Osteoarthritis related pain (BMI>27)
- ☐ Pre-operative weight loss (referrals will be seen within 1 week)
- ☐ Congestive Heart Failure Optimization
- ☐ 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: _____

Clinic Phone: _____

Internal Medicine Specialists.

Fully covered by OHIP, Wait times <2 weeks

Consultations are completely virtual.

NO NEGATION: All physicians are specialists and referral will not trigger negation or require re-rostering