






METABOLITE CLINIC
INNOVATING OBESITY MEDICINE

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CONSULTATION REQUEST FORM

Accepting Ocean E-Referral

REASON FOR CONSULTATION



- ☐ Adults BMI >27 (obesity management)
- ☐ Metabolic Syndrome (Diabetes Type II, HLD, Fatty Liver, HTN).
- ☐ Fertility Treatment (referrals seen <1 week) - Pharmacotherapy Treatment Approved
- ☐ Fertility Treatment (referrals seen <1 week) - Lifestyle Interventions Only
- ☐ Osteoarthritis related pain (BMI>27)
- ☐ Pre-operative weight loss (referrals will be seen within 1 week)
- ☐ 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: _____

Patient Phone: _____

Internal Medicine Specialists.

Fully covered by OHIP, 100% virtual.

Due to the high volume of patients, our specialists will provide care for one year, after which follow-up will be transitioned back to the Family Physician to continue ongoing care.

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