THE WEIGHT CLINIC

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We only provide in person appointments for patients >16 years of age

Referral criteria (and BMI cut-offs) are based on ethnicity. Please note the different cut-offs for patients from the Middle East, South Asian, South East Asia and Asian-Pacific regions.

Reason for referral (please check all that apply)

Overweight

- ☐ BMI >27 (Non-Asian)
- ☐ BMI >25 (Middle East)
- ☐ BMI > 23 (South Asian/ South-East Asian/ Asian Pacific)

AND

- ☐ DM2
- ☐ Dyslipidemia
- ☐ Hypertension
- ☐ Obstructive Sleep Apnea
- ☐ PCOS
- ☐ NASH/NAFLD
- ☐ Unexplained rapid weight gain
- ☐ Medication related weight gain
- ☐ Osteoarthritis
- ☐ Weight loss required before elective surgery

With Obesity

- ☐ BMI >30 (Non-Asian)
- ☐ BMI >27 (Middle East)
- ☐ BMI > 25 (South Asian/ South-East Asian/ Asian Pacific)

+/- the above obesity related comorbidities

Please Provide:

Patient Information (or label): _____

Patient Phone Number (home and cell phone): _____

Patient Email Address: _____

Patient Health Card Number and Version: _____

PLEASE ENSURE PATIENT UPDATED MEDICAL HISTORY AND MEDICATION LIST IS INCLUDED WITH THE REFERRAL.

Referring Physician Name: _____ OHIP Billing Number: _____

Office Phone Number: _____ Office Fax Number: _____

Once a referral is received, the patient will be contacted within 2 weeks. Due to our long wait list, we have a strict NO SHOW/ CANCELLATION policy of 2 business days . Failure to do so will result in a $100 rescheduling fee.