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American Board of Obesity Medicine  
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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 East Asia and Asian-Pacific regions.

**Reason for referral (please check all that apply)**

**Overweight**

<input type="checkbox"/> BMI >27 (Non-Asian )		<input type="checkbox"/> DM2
<input type="checkbox"/> BMI >25 (Middle East)		<input type="checkbox"/> Dyslipidemia
<input type="checkbox"/> BMI >23 (South East Asia or Asian/Pacific)	<b>AND</b>	<input type="checkbox"/> Hypertension
		<input type="checkbox"/> Obstructive Sleep Apnea
		<input type="checkbox"/> PCOS
		<input type="checkbox"/> NASH/NAFLD
		<input type="checkbox"/> Unexplained rapid weight gain
		<input type="checkbox"/> Medication related weight gain
		<input type="checkbox"/> Osteoarthritis
		<input type="checkbox"/> Weight loss required before elective surgery

**With Obesity**

<input type="checkbox"/> BMI >30 ( Non-Asian )	+/- the above obesity
<input type="checkbox"/> BMI >27 (Middle East)	related comorbidities
<input type="checkbox"/> BMI >25 ( South East Asia or Asian/Pacific)	

**Please Provide:**

Patient Information (or label): \_\_\_\_\_

Patient Phone Number (home and cell phone): \_\_\_\_\_

Patient Email Address: \_\_\_\_\_

Patient Health Card Number and Version: \_\_\_\_\_

Patient Updated Medical History and Medications: \_\_\_\_\_

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.