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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 Asia, 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 Asian/<br>South-East Asian/ Asian Pacific) | <input type="checkbox"/> Hypertension                                 |
|  | <input type="checkbox"/> Obstructive Sleep Apnea                      |
|  | <input type="checkbox"/> PCOS   |
|  | <input type="checkbox"/> MASLD  |
|  | <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<br>related comorbidities |
| <input type="checkbox"/> BMI >27 (Middle East)                                  |  |
| <input type="checkbox"/> BMI >25 (South Asian/ South-East Asian/ Asian Pacific) |  |

**Please provide the patient's details:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
OHIP #: \_\_\_\_\_

Patient's Label

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

Referring Physician Name: \_\_\_\_\_ OHIP Billing #: \_\_\_\_\_  
Office Phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

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