



Dr. Jessie Watkins
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Date:

Thank you for your referral to Watkins Metabolic Clinic. We look forward to optimizing your patient for their medical procedure. Kindly provide the following information below to assist us in serving your patient. Please feel free to submit a comprehensive referral request letter in lieu of this form.

Patient Name:	Family Dr:
PHN:	Please Describe Pending Medical Procedure:
Phone (Home):	
Phone (Mobile):	Height:
Date of Birth:	Weight:
Address:	

PMHx: (Please list or provide supporting documentation) Additional page attached:

Medications: (Please list or provide supporting documentation) Additional List Attached:

Please indicate that your patient agrees to be involved in a **medical** weight loss program and is motivated to reach your specified weight loss goal of:

Please include copies of recent bloodwork, ECG, cardiac investigations and sleep studies (if applicable).

Thank you for the opportunity to improve your patient's procedural outcomes.

While our clinic offers both in person and virtual visits, if your patient would benefit from a virtual visit, they must be willing to engage in video consults and email, to best serve them in terms of quality of care, and in keeping with the CPSO's standard of clinical care.

Referring Physician:
OHIP Billing #:

(Don't Forget to attach any other supporting documents to your email.)