

Date:

Thank you for your referral to Watkins Metabolic. 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:
Email:	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 perioperative 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 #:

Please email completed form to: referrals@watkinsmetabolic.com, or fax to: 613-344-1203