

# Wellness Weight Management

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<u>Referring Physician Information</u>	<u>Patient Information</u>
Physician name:	Name:
OHIP Billing Number:	Date of Birth:
Fax:	Health Card Number and Version Code:
Phone:	

<u>Past Medical History</u>	<u>Current Medications and Doses</u>

Previous medications tried for weight loss (if applicable):

Height:

Weight:

BP:

HR:

Neck Circumference:

Evidence of insulin resistance:

Criteria to refer: BMI  $>/ 30$ , BMI  $>/27$  with obesity associated comorbidities, discharged from bariatric program one year after surgery but not yet at goal, regain after bariatric surgery, age 10 and over with BMI  $> 95^{\text{th}}$  percentile for age/height/sex.

\*\*\*Patient must have access to and be willing to participate in a video appointment\*\*\*