

HAVEN WEIGHT MANAGEMENT

VIRTUAL MEDICAL PROGRAM

REFERRAL

FAX TO 416-572-5877

Program Fee: There is a modest initial fee to enrol that include access to uninsured services required for comprehensive treatment (ex. online learning tools and resources)

Waitlist Time: Up to 6 MONTHS

Patient Information				
Last Name:	First Name:	DOB:	M / F	
OHIP #	Cell Phone:	Home Phone:		
Address:		City:	Province:	
Postal Code:	Email Address *REQUIRED*:			
Referring Physician Information				
Referring Physician:			Billing #:	
Phone:		Fax:		
Oce Address:		Oce Email:		
Referral Information				
OHIP Funded Weight Management				
<input type="checkbox"/> Adults >18 years with a BMI >30 _____				
<input type="checkbox"/> Adults >18 years with a BMI between 27 to 30 with comorbidity - BMI: _____				
Diabetes	Hypertension	Coronary artery disease	Sleep Apnea	
Dyslipidemia	Chronic Pain	Fatty liver disease	PCOS	Other
Medical Conditions:				
Medications:				

REFERRAL MUST INCLUDE a baseline ECG AND bloodwork from the past year including CBC, HbA1c, fasting glucose, lipids, creatinine, ALT/AST, ferritin, vitamin B12, TSH.

Does your patient consent to being contacted by email by our team? Our main form of communication is exclusively virtual/ email

Physician Signature: _____ **Date:** _____

www.drsandyvan.com

contact@drsandyvan.com

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