

Wellness Weight Management

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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 > 95th percentile for age/height/sex.

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

<u>Referring Provider Information</u>	<u>Patient Information</u>
Referral Date: _____	Name: _____
Physician/NP name: _____	Date of Birth (DDMMYYYY): _____
OHIP Billing Number: _____	HC Number and Version Code: _____
Phone: _____ Fax: _____	Phone number(s): _____
Signature: _____	Email Address: _____

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

Height: _____ cm Weight: _____ kg BMI: _____ BP: _____ mmHg HR: _____ bpm

Neck Circumference: _____ cm

Waist Circumference: _____ cm

Evidence of insulin resistance? acanthosis nigricans skin tags impaired fasting glucose

<u>Patient Goals</u>