

Medical Director & Certified Bariatric Educator: Dr.Martyn Chilvers - [drchilvers@icloud.com](mailto:drchilvers@icloud.com)

Registered Holistic Nutritionist: Lisa Chilvers - [info@triadweightmanagement.com](mailto:info@triadweightmanagement.com)

- Weight Management Consultation Only
- Weight Management Consultation and Ongoing Care of Weight Management Problem.

PATIENT INFORMATION		PLEASE COMPLETE
Last Name:	First:	<input type="checkbox"/> M. <input type="checkbox"/> F.
Home Address:	City:	Postal Code:
Home phone:	Cell:	Date of Birth:
OHIP #:	Email:	

REFERRING PHYSICIAN INFORMATION		PLEASE COMPLETE
Referring Physician:	Billing Number:	
Address:	Fax Number:	
Physician's Signature Required:	Date of Referral:	

Please also fax a copy of the 'Cumulative Patient Profile'

Please Note: Our office will contact your patient directly with an appointment date & time.

Please note that a Consultation is "outside the basket".

**PLEASE SEND ALL REFERRALS TO THE FAX LINE 1-855-943-3262**