



REFERRAL FORM

Phone: 1-(888)-650-1977 Fax: 1 (226) 319-1341

Medical Director & Certified Bariatric Educator: Dr.Martyn Chilvers - martyn.chilvers@mac.com

Registered Holistic Nutritionist: Lisa Chilvers - info@triadweightlossclinic.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 1-226-319-1341