FORT YORK MEDICAL

Toronto (In Person) / Virtual
We are located at:
219 FORT YORK BLVD Unit 108
Toronto, ON M5V 1B1
Ph: 416-594-1919 Fax: 416-594-1681
Email: contact@fortyorkmedical.com

Ontario
OHIP COVERED

ADULT WEIGHT MANAGEMENT AND DIABETES REFERRAL FORM

☐ ADULT WEIGHT MANAGEMENT (>18 years old)

Internal Medicine Specialists and Multi-Disciplinary Team Approach

☐ BMI 30-35 with Prediabetes or Type 2 Diabetes _____ (Please indicate BMI)

☐ BMI >35 _____ (Please indicate BMI)

Please inform patient that we will discuss the following options (if they qualify):
1) Psychological Intervention
2) Pharmacotherapy
3) Bariatric Surgery

☐ TYPE 2 DIABETES MANAGEMENT REFERRAL

Specialists & Multi-Disciplinary Team Approach

NOTE: PEDIATRIC and OBSTETRICAL referrals not accepted

PATIENT INFORMATION - PLEASE COMPLETE

Last Name:	First:	☐ M ☐ F
Home Address:	City:	Postal Code:
Home Phone: Alternate Phone:	Date of Birth:	
OHIP Number: (Must have valid Ontario Health Card)	Email Address:	

REFERRING PHYSICIANS INFORMATION - PLEASE COMPLETE

Referring Physician:	Billing Number:
Address:	
Backline Number:	Fax Number:
Physician's Signature Required:	Date of referral:

Please Note: Our office will contact your patient with **an appointment date and time.**
All consult notes will be sent to your office via fax after each patient visit if requested.
Email us at contact@fortyorkmedical.com for additional information.

PLEASE SEND ALL REFERRALS TO FAX LINE: 416 - 594 - 1681