

17 Leslie St. Toronto ON M4M 3H9
tel: 416 465 6606 fax: 416 465 6609



Ontario
OHIP COVERED

REFERRAL FORM – APPROPRIATE FOR ALL AGES - Multidisciplinary Team

☐ OHIP Funded Weight Loss

☐ OHIP Funded Diabetes management

☐ OHIP Funded Cardiovascular Improvement

☐ OHIP Funded Nutritional Support

PATIENT INFORMATION – PLEASE COMPLETE

Last Name:	First:	<input type="checkbox"/> M <input type="checkbox"/> F
Home Address:	City:	Postal Code:
Home Phone:	Date of Birth:	
OHIP Number:	Email Address:	

REFERRING PHYSICIANS INFORMATION – PLEASE COMPLETE AND SIGN

Referring Physician:	Billing Number:
Address:	Fax:
Email Address:	Phone:

PHYSICIANS SIGNATURE REQUIRED:

canadalifestylemedicine.ca

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