

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION



Paediatric Lifestyle & General Nutrition Referral

379 Church St., Suite 408, Markham ON L6B 0T1

Tel.: 905-472-7373, ext 2202

Please Fax To: 905-472-7394

- Lifestyle Clinic (MD + RD, referral criteria listed below)
- General Nutrition Clinic (RD only)

Patient Name: _____		
Last	First	
Date of Birth: _____	Sex: F M	
Day	Month	Year
Health Card # _____	Version Code: _____	
Address: _____ Postal Code: _____		
Telephone # (Best Daytime): _____		
Alternate #: _____		
Family Physician: _____		

Date	Referring MD	Signature
Billing #	Telephone	Fax
Address	City	Postal Code
Additional Reports to:		
Parent/Guardian/Contact		Phone #
Email *referral must include a valid email as this will be a mode of contact*		Phone #
Spoken Language if other than English. Please bring translator to the appointment if required.		

Referral Criteria for Lifestyle Clinic

**** Please attach growth chart AND any relevant investigations/bloodwork ****

- BMI Greater than 99th percentile OR
- BMI greater than 97th percentile with associated comorbidity
 - Hypertension
 - Hyperlipidemia requiring pharmacotherapy-(LDL-C and/or Non-HDL- C greater than 4.2 mmol/L)
 - Technology dependent sleep disordered breathing (CPAP or BiPAP)
 - Impaired Glucose Tolerance or Impaired Fasting Glucose
 - Polycystic Ovarian Syndrome
 - Non-Alcoholic Fatty Liver Disease (elevated liver enzymes and U/S evidence of fatty infiltration)
 - Hypothalamic obesity or Genetic syndrome (PWS, BBS, etc.)

*****Patients with a new diagnosis of diabetes should be referred urgently to the on-call Pediatric Endocrinologist *****

Additional Information

**Patient and at least 1 parent must be able to attend appointments
Incomplete or illegible referrals will be returned to your office.**

