

BCHC My Best Weight Program - Referral Form
Eagle Ridge Professional Complex, 490 Huronia Road, Barrie, ON L4N 6M2
Phone: (705) 734-9690 ext. 283 Fax: (705)719-4877

This program is offered by Registered Dietitians/Registered Nurses and medically managed by Dr. Diane Zatelny, who help patients achieve their best weight using self-monitoring, dietary assessment, and cognitive strategies to support behavioural change. *Please ensure that the patient is aware of the nature of the program and is motivated to participate.*

PATIENT INFORMATION

Last Name: First Name:
Health Card Number Version Code:
Date of Birth (dd/mm/yyyy)
Address: Unit Number:
City/Town: Province: Postal Code:
Phone (Home): Phone (Other):

REASON FOR REFERRAL

- BMI Category:
 BMI 27-30 kg/m² + comorbidities
 BMI ≥ 30.0 kg/m²
- Comorbidities
 Diabetes Hypertension CVD Sleep apnea
 Dyslipidemia Osteoarthritis NAFLD PCOS Other

MEDICAL INFORMATION

- Must attach relevant Medical History, Medications, Lab Results etc

REFERRING PHYSICIAN OR NURSE PRACTITIONER

Please see my patient regarding weight management

Name: MD NP
Billing Number:
Address: Unit Number:
City/Town:
Province: Ontario Other:
Postal Code:
Phone: Ext: Fax:

Signature: _____ Date: _____

Our office will contact your patient with an appointment time and date.