PATIENT REFERRAL FORM

Medical Weight Management Centre of Canada Inc.

mwmcc
medical weight management centre of canada

Please complete and fax this form to 1-833-MWM-0071 (1833-696-0071) OR email it to info@mwmcc.ca

At MWMCC we deliver medical and behavioural (CBT) treatment for obesity with a team of physicians and dietitians. We improve the health of patients by helping them discover their **best weight** and look forward to working together with you. There is a cost for this program. Your patient can also self-refer and learn more at **www.mwmcc.ca**.

Please fill out the information below or send us a referral letter with an up-to-date CPP, medication list and most recent metabolic labs.

PATIENT INFORMATION			
Date of Referral:		Number of Pages:	
Patient Name:			
Gender:		Patient Phone:	
Patient Email :			
Patient Address:			
REFERRING PHYSICIAN INFORMATION			
Physician Name:			
Clinic Name:			
Clinic Phone:		Clinic Fax:	
Clinic Address:			
REFERRAL NOTES			
Please provide any further information regarding this referral:			
Consider sending: ☐ Current medication list ☐ Most recent metabolic labs ☐ CPP (medical history)			
Please certify: ☐ Prior to sending this referral, I have obtained informed consent of the patient for such referral ☐ The patient is aware that a team member from MWM will be contacting them to facilitate enrollment into the program			
Physician Signature:		Date:	

We will contact your patient as soon as possible! Thank you for the referral!

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www.mwmcc.ca
(P) 1-833-MWM-0001
(F) 1-833-MWM-0071

REAL PROGRESS
THAT'S POSSIBLE