**BEST WEIGHT PROGRAM**

**WOMEN’S WELLNESS AND WEIGHT MANAGEMENT**

**Referral Form**

*We empower women with the Medicine and the Mindset to stop stress and emotional eating, lose weight for the last time, and thrive in their life.*

We are Canada’s premier combined Coaching and Medical program for women who want to stop yo-yo dieting and gain control over compulsive overeating behaviours in a self-compassionate, empowered way. Our focus is on cognitive interventions through psychotherapy and mindset coaching combined with behavioural skills counselling, nutrition guidance and medical management. Our program is fully virtual and delivered across Ontario, Nova Scotia and Newfoundland.

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| **1. Please attach patient’s medical history and current medication list.** | |
| **2. There is a cost to attend our program (non-OHIP insured allied health services and coaching).** |  MY PATIENT IS AWARE. |
| **3. We will expedite referrals for fertility treatment or pre-surgery weight loss. Please indicate:** |  My patient would benefit from weight loss prior to fertility treatment.   My patient requires weight loss prior to a surgical procedure. |

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| Patient Information | | | |
| Last name: | First name: | | [ ] M [ ] F |
| Home address: | | | |
| Telephone: C( ) H( ) | | Date of birth: | |
| OHIP number: | | | |
| Email address: | | | |

Referring MD Name: Billing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring MD Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_