



# ELM Medicine

Unit 4- 1521 Upper Ottawa Street  
Hamilton, Ontario L8W 3J4

**Phone:** 905-318-3006  
**Fax:** 833-268-3660  
info.elmmedicine@gmail.com  
www.elmmedicine.ca

**Specialist Clinic. Internal Medicine. Infectious Diseases. Hepatitis B & C. Chronic Pain.  
Lifestyle Medicine Clinic. Stress Reduction Clinic**

**Dr. Atreyi Mukherji. MD, MPH, FRCPC**

CONSULTATION	SCOPE OF PRACTICE
<input type="checkbox"/> INTERNAL MEDICINE	Hypertension, Diabetes, Obesity, Liver disease , Anemia, Abnormal WBC or Platelet count, Abnormal renal function, Abnormal electrolytes, Unintentional weight loss, Fatigue NYD, Urticaria or pruritus-medical work up
<input type="checkbox"/> INFECTIOUS DISEASE	General, IV antibiotics start , Post-travel illness
<input type="checkbox"/> HEPATITIS B & C	Investigation, treatment and long term follow up
<input type="checkbox"/> CHRONIC PAIN/FIBROMYALGIA	Wholistic approach combining pharmacotherapy with lifestyle education & psychotherapy (develop coping skills) Weaning off narcotics and benzodiazepines are a high priority Medical Cannabis
<input type="checkbox"/> STRESS REDUCTION CLINIC	Depression, Anxiety, PTSD, Chronic pain, Coping with illness  Modalities: CBT, Living Life to the Fullest Course - 8 week course, Biofeedback, EMDR, MBSR(Mindfulness-based Stress Reduction-9 week course)
<input type="checkbox"/> LIFESTYLE MEDICINE CLINIC	Wholistic approach with nutrition, lifestyle education, supplements and integrative health counselling (support health behaviour change). We will defer the pharmacotherapy to another specialist if out of scope e.g. MS, RA. Best suited for: Fibromyalgia, Chronic Fatigue, IBS, GERD, Rheumatoid arthritis, Osteoarthritis, Migraines, Hypertension, Multiple sclerosis, Weight management

**PLEASE FAX ALL REFERRALS TO THE CENTRAL BOOKING LINE**

**Toll Free Fax Line: 1-833-268-3660**

**Phone: 905-318-3006**

**www.elmmedicine.ca**

*Unit 4 - 1521 Upper Ottawa Street, Hamilton, Ontario, L8W 3J4*

**What is the reason for referral:**

---

---

**Please attach a list of patients medications, allergies, and all relevant medical documents.**

<b>PATIENT INFORMATION - PLEASE COMPLETE</b>			
Patient's Last Name:	First:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Home Address:	City:	Postal Code:	
Email Address:	Home Phone:	Mobile Phone:	
Date of Birth:	OHIP Number:		

<b>REFERRING PHYSICIAN - PLEASE COMPLETE</b>	
Referring Physician (Print):	Backline Number:
Address:	Fax Number:
Physician Signature:	CC to Family Doctor (If Different):
Billing Number:	Family Doctor Phone:

**Please Note: Our office will contact your patient with an appointment date and time.**  
Call or email us if you would like any information at anytime. Contact us at 905-318-3006. All consult notes will be sent to your office via fax after each patient visit.

\*Copies of this referral form can be downloaded at our website at [www.elmmedicine.ca](http://www.elmmedicine.ca)

---

**PLEASE FAX ALL REFERRALS TO THE CENTRAL BOOKING LINE**

**Toll Free Fax Line: 1-833-268-3660**

**Phone: 905-318-3006**

**[www.elmmedicine.ca](http://www.elmmedicine.ca)**

*Unit 4 - 1521 Upper Ottawa Street, Hamilton, Ontario, L8W 3J4*