



# ELM Medicine

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

**Phone:** 905-318-3006  
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www.elmmedicine.ca

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

**Integrative Internal Medicine. Lifestyle Medicine. Medical Psychotherapy.**

Select ONE of the following program options:

CONSULTATION	SCOPE OF PRACTICE
<input type="checkbox"/> <b>WEIGHT MANAGEMENT</b>	Complete attached form.
<input type="checkbox"/> <b>DIABETES TYPE 2 MANAGEMENT</b>	Medical Management and Follow-up.
<input type="checkbox"/> <b>MEDICAL PSYCHOTHERAPY</b>	Complete attached form.
<input type="checkbox"/> <b>CHRONIC PAIN / FIBROMYALGIA Unique EMDR-based Program</b>	Wholistic approach - pharmacotherapy with lifestyle education & psychotherapy (Develop coping skills).
<input type="checkbox"/> <b>HEPATITIS B</b>	Assessment and Management.
<input type="checkbox"/> <b>HEPATITIS C</b>	Assessment and Management.
<input type="checkbox"/> <b>INFECTIOUS DISEASE</b>	C Difficile Management.
<input type="checkbox"/> <b>INTERNAL MEDICINE</b>	<b>Choose ONE of the following:</b> <input type="checkbox"/> Hypertension <input type="checkbox"/> Liver Disease Workup <input type="checkbox"/> Abnormal Findings on CBC (WBC, Hemoglobin, Platelets) <input type="checkbox"/> Renal Dysfunction <input type="checkbox"/> Pruritis Management
<input type="checkbox"/> <b>NUTRITION PROGRAMS</b>	Anti-inflammatory Diet, Plant-based Diet, FODMAPs. <b>Suitable for:</b> IBS, GERD, Migraine, Arthritis, Autoimmune Disease, Chronic Fatigue.

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

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

**Phone: 905-318-3006**

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**What is the reason for referral (Patients can only be referred to ONE program):**

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**Please attach a list of patient's medications, allergies, and all relevant medical documents.**

PATIENT INFORMATION - PLEASE COMPLETE		
Last Name:	First Name:	<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:	

REFERRING PHYSICIAN - PLEASE COMPLETE	
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 any time. 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)

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# Weight & Metabolic Health Referral

## ELM Medicine

### Patient Information

Date: \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Phone # \_\_\_\_\_

Referring Clinician \_\_\_\_\_

Referring Provider Phone # \_\_\_\_\_

PLACE  
 PATIENT LABEL  
 HERE

Height (m – ft/in) \_\_\_\_\_ Weight (kg – lbs) \_\_\_\_\_ BMI \_\_\_\_\_

#### Referral Criteria

BMI over 30 with or without comorbidities

OR

BMI between 27 and 30 with comorbidities

AND

Patient motivated and willing to commit to a weight management program

Is this request urgent?  
 Yes  No

Is the patient aware of this referral?  
 Yes  No

#### Services Requested

Lifestyle weight management program

OPTIFAST® Weight Management Program

Craving Change™ - cognitive behavioural therapy emotional eating program

Eat Right Now® – mindfulness-based emotional eating program

Fatty Liver Disease Management/ Fibroscan

Please fax or email the completed form. The patient will be contacted directly.

# Integrative Medical Psychotherapy

OHIP insured by referral

*Expertise in Trauma & Chronic Pain focused Psychotherapy*

*Mindfulness Based Interventions. EMDR. Somatic Experiencing (SE). DARE (Dynamic Attachment Re-patterning Experience)*

*Program combines psycho education & psychotherapy as individual sessions. Groups classes available intermittently including MBSR, MBCT, and Craving Change*

**What is the reason for referral? Please attach any reports from Psychiatry, if available.**

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\*Patients with active suicidal ideations or other self-harming behaviors will not be accepted for these programs, unless under concurrent care through Psychiatry.

<p>By condition: choose ONE</p> <p><input type="checkbox"/> <b>Trauma/ PTSD</b> focused Psychotherapy</p> <p><input type="checkbox"/> <b>Chronic Pain</b> focused Psychotherapy</p>	<p>Skills deficits in <b>emotional regulation &amp;</b> interpersonal effectiveness</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Anger</p> <p><input type="checkbox"/> Grief/ Loss</p> <p><input type="checkbox"/> Emotional Eating</p>
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<p>By Modality: choose one or more of the following options</p> <p><input type="checkbox"/> EMDR for PTSD</p> <p><input type="checkbox"/> EMDR for Chronic Pain</p> <p><input type="checkbox"/> Mindfulness based CBT - Depression, Anxiety, Anger, Grief</p> <p><input type="checkbox"/> DBT Skills - for emotional regulation</p> <p><input type="checkbox"/> Craving Change - program for emotional eating - individual and group</p> <p><input type="checkbox"/> MBCT - Mindfulness Based Cognitive Therapy (8-week group class for preventing depressive relapse &amp; reduce anxiety)</p> <p><input type="checkbox"/> MBSR - Mindfulness Based Stress Reduction (8-week group class for stress reduction, improve stress related physical and mental health conditions, cope with chronic pain, improve focus, participate more fully in one 's life)</p>
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