ELM Medicine

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

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

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

REQUIRED TO PROCESS REFERRAL
❒ **In-Person or Virtual** as required

Dr. Atreyi Mukherji. MD, MPH, FRCPC
Select ONE of the following program options:

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

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

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

PATIENT INFORMATION - PLEASE COMPLETE		
Last Name: First Name:	❒ Mr. ❒ Mrs. ❒ 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

ELM Medicine
1521 Upper Ottawa St, Unit
4 Hamilton, ON L8W 3J4
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Fax: 1-833-268-3660

craving change™
OPTIFAST®
The serious solution for weight management.

Weight & Metabolic Health Referral

REQUIRED TO PROCESS REFERRAL

❒ **In-Person or Virtual** as Required

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

REQUIRED TO PROCESS REFERRAL
❒ **In-Person or Virtual** as required

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.

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

By condition: choose ONE	Skills deficits in **emotional regulation** & interpersonal effectiveness
❒ **Trauma/ PTSD** focused Psychotherapy ❒ **Chronic Pain** focused Psychotherapy	❒ Depression ❒ Anxiety ❒ Anger ❒ Grief/ Loss ❒ Emotional Eating

By Modality: choose one or more of the following options

❒ EMDR for PTSD

❒ EMDR for Chronic Pain

❒ Mindfulness based CBT - Depression, Anxiety, Anger, Grief

❒ DBT Skills - for emotional regulation

❒ Craving Change - program for emotional eating - individual and group

❒ MBCT - Mindfulness Based Cognitive Therapy (8-week group class for preventing depressive relapse & reduce anxiety)

❒ 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)

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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