



# ELM Medicine

Hamilton, Ontario

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[info.elmmedicine@protonmail.com](mailto:info.elmmedicine@protonmail.com)

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

*Integrative Internal Medicine & MD Psychotherapist*

Select only ONE of the following program's options.

CONSULTATION	SCOPE OF PRACTICE
<input type="checkbox"/> WEIGHT MANAGEMENT	Complete the attached form.
<input type="checkbox"/> DIABETES TYPE 2 MANAGEMENT	Medical Management and Follow-up.
<input type="checkbox"/> MEDICAL PSYCHOTHERAPY (Adults aged 18 or older)	Complete the attached form for individual psychotherapy and or group classes.
<input type="checkbox"/> CHRONIC PAIN / FIBROMYALGIA Unique EMDR-based Program	Wholistic approach - pharmacotherapy with lifestyle education & psychotherapy (Develop coping skills).
<input type="checkbox"/> ADHD Assessment (Adults aged 18 years or older)	Diagnostic Consultation, pharmacotherapy
<input type="checkbox"/> HEPATITIS B	Assessment and management.
<input type="checkbox"/> HEPATITIS C	Assessment and management.
<input type="checkbox"/> INFECTIOUS DISEASE	C Difficile management.
<input type="checkbox"/> INTERNAL MEDICINE	<p><b>Choose ONE of the following:</b></p> <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"/> LIFESTYLE MEDICINE <i>Nutrition. Supplements. Health Education</i>	Suitable for IBS, GERD, Migraine, Arthritis, Autoimmune Disease, and Chronic Fatigue.

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

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## **REQUIRED FOR PROCESSING ALL REFERRALS**

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

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Please attach a list of the 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** or email us at [info.elmmedicine@protonmail.com](mailto:info.elmmedicine@protonmail.com). 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

### Patient Information

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

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

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

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

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

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**<sup>®</sup> Weight Management Program
- Craving Change<sup>™</sup> - cognitive-behavioral therapy emotional eating program
- Eat Right Now<sup>®</sup> – mindfulness-based eating.
- Fatty Liver Disease Management/ Fibroscan

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

# Virtual Integrative Medical Psychotherapy

**EMDR. Somatic Experiencing. Psychodynamic Psychotherapy. Mindfulness**

*Atreyi Mukherji, MD Psychotherapist*

*Expertise in Trauma & Chronic Pain focused Psychotherapy.*

*OHIP Insured*

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*The program combines psychoeducation with psychotherapy. We work with individuals and provide trauma-focused, culturally competent, and BIPOC-sensitive psychotherapy.*

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

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\*Patients with active suicidal ideations or other self-harming behaviour will not be accepted for this program unless under concurrent care through Psychiatry.

<p>By condition: <u>choose ONE ONLY.</u></p> <p><input type="checkbox"/> <b>Trauma-PTSD-Focused</b> Psychotherapy</p> <p><input type="checkbox"/> <b>Chronic Pain</b> focused Psychotherapy.</p> <p><input type="checkbox"/> Emotional Dysregulation -DBT</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Grief and Loss</p> <p><input type="checkbox"/> Ageing – coping skills, existential concerns</p>	<p><i>The following modalities may be utilized for psychotherapy:</i></p> <ul style="list-style-type: none"><li>● <b>EMDR</b></li><li>● <i>Somatic Experiencing</i></li><li>● <i>Mindfulness-based Cognitive- Behavioral Therapy (CBT)</i></li><li>● <i>Dialectical Behavioral Therapy( DBT)</i></li><li>● <b>Psychodynamic psychotherapy</b> with a focus on existential concerns, grief, loss, and abandonment</li><li>● <i>Internal Family Systems</i></li></ul>
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## GROUP CLASSES

*Chronic Pain. Depression. Anxiety*

*Mostly covered by OHIP*

**Atreyi Mukherji, MD Psychotherapist**

*Expertise in Trauma & Chronic Pain focused Psychotherapy.*

### ☐ MBCT- Mindfulness-Based Cognitive Therapy

*An 8-week evidence-based group class for Depression and Anxiety. This program combines cognitive behavioural techniques with mindfulness strategies to help individuals better understand and manage their thoughts and emotions and relieve distress.*

*Weekly classes are 2.5 hours long and may be in person or virtual.*

*The program is credited to Dr. Zindel Siegel from the University of Toronto, who is one of the creators of this international program.*

**OR**

### ☐ MBCPM – Mindfulness-Based Chronic Pain Management

*A 12-week evidence-based trauma-informed group class designed specifically for individuals with chronic pain. The program can help reduce pain, decrease stress, improve quality of life, and improve coping skills.*

*Weekly classes are 2.5 hours long and may be in person or virtual.*

*This program is credited to Dr. Jackie Gardner-Nix at the University of Toronto & NeuroNova.*

## FAQ

- A referral is required for OHIP-covered group classes.
- Fees for course materials – are \$50 + HST and are not OHIP insured. A receipt will be provided for insurance or tax purposes.
- OHIP does not cover self-referral to the program. Course fees are \$500 + HST for self-referred individuals. A receipt will be provided for insurance or tax purposes.
- Once a referral is received, you will be placed on a waitlist. We will contact you once we are running the course.
- An initial consult with the MD is required to determine if the course is suitable for you.
- Courses will be offered. 2-4 times per year.
- Weekly classes are 2.5 hours long and may be in-person or virtual.
- Participants must be under the care of a primary care provider (family doctor, specialist or nurse practitioner) for their Chronic Pain, Depression or Anxiety while going through the

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