



ELM Medicine

Hamilton, Ontario

Phone: 905-318-3006

Fax: 1- 833-268-3660

info.elmmedicine@protonmail.com

Dr. Atreyi Mukherji, MD, MPH, FRCPC

Integrative Internal Medicine & MD Psychotherapist

REQUIRED TO PROCESS REFERRAL 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)	Required: Please complete the attached form for individual psychotherapy and or group classes.
<input type="checkbox"/> CHRONIC PAIN PSYCHOEDUCATION & PSYCHOTHERAPY Unique EMDR-based Program	EMDR-based education for coping with chronic pain EMDR Psychotherapy for Chronic Pain
<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	Choose ONE of the following: <input type="checkbox"/> Hypertension <input type="checkbox"/> Liver Disease Workup
<input type="checkbox"/> LIFESTYLE MEDICINE <i>Nutrition Coaching. Health Education</i>	Suitable for IBS, GERD, Migraine, Arthritis, Autoimmune Disease, and 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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REQUIRED FOR PROCESSING ALL REFERRALS

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

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**. 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

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

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

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Virtual Integrative Medical Psychotherapy

EMDR. Somatic Experiencing. Mindfulness

Atreyi Mukherji, MD Psychotherapist

Expertise in Trauma & Chronic Pain focused Psychotherapy.

OHIP Insured

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.

*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: choose ONE ONLY.</p> <p><input type="checkbox"/> Trauma-PTSD-Focused Psychotherapy</p> <p><input type="checkbox"/> Chronic Pain 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">• <i>EMDR- effective for PTSD, Depression, Chronic Pain, Grief</i>• <i>Somatic Experiencing</i>• <i>Mindfulness-based Cognitive- Behavioral Therapy (CBT)</i>• <i>Dialectical Behavioral Therapy(DBT)</i>• <i>Internal Family Systems</i>
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VIRTUAL 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 via ZOOM.

Participants must be residents of Ontario.

The classes are covered by OHIP. A \$50-course fee for providing course material may apply, payable via e-transfer.

Participants must be under the care of their family doctor or Psychiatrist to participate in the program.

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

ELM FEARLESS & HAPPY™ COURSE

A course on HOPE and developing self-trust.

An 8-week evidence-based psychoeducation course to develop life skills on grief, hope, and resiliency.

The course will involve discussions, reflective exercises, and guided movements based on Grief Yoga™

Weekly classes are 1.5 hours in length via ZOOM.

People may attend this course from outside Ontario; however, they will not be covered by OHIP. The course fee is \$500, payable by e-transfer.

Participants must be under the care of their family doctor or Psychiatrist to participate in the program.

GriefYoga™ was developed by Paul Denniston.

FAQ

- A referral is required to be eligible for coverage by OHIP.
- OHIP does not cover SELF REFERRALS, and a non-refundable course fee of \$500 is required to attend classes.
- ELM HOPE COUSE is eligible for attendance by individuals outside Ontario. The course fee is \$500, and a receipt will be provided.
- Receipts will be provided for all payments and may be eligible for coverage by your insurance or health expenses on income tax returns.
- 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 1-2 X times per year
- Participants must be under the care of a primary care provider (family doctor, specialist) to attend the group classes.

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