



ELM Medicine

Virtual Care by ZOOM

Phone: 905-318-3006
 Fax: 1- 833-268-3660
info.elmmedicine@protonmail.com

Dr. Atreyi Mukherji. MD, MPH, FRCPC

Integrative Internal Medicine & MD Psychotherapist

In-person appointments for physical exam and select testing

REQUIRED FORM. 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 <i>Psychoeducation & Psychotherapy</i> Unique EMDR-based Program	EMDR-based education for coping with chronic pain- 12 months Safe and Sound Protocol for managing regulation. 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. In-person appointments for physical exam only
<input type="checkbox"/> HEPATITIS C	Assessment and management. In-person appointments for physical exams only
<input type="checkbox"/> INTERNAL MEDICINE	Choose ONE of the following: <input type="checkbox"/> Hypertension <input type="checkbox"/> Liver Disease Workup In-person appointments for physical exams only
<input type="checkbox"/> LIFESTYLE MEDICINE	Suitable for IBS, GERD, Migraine, Arthritis, Autoimmune Disease, and Chronic Fatigue. Nutrition & Lifestyle Coaching with medical follow-up

PLEASE FAX ALL REFERRALS TO THE CENTRAL BOOKING LINE

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Phone: 905-318-3006

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Burlington, Ontario

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.

Virtual Integrative Medical Psychotherapy

EMDR. Somatic Experiencing. Psychodynamic Psychotherapy. Mindfulness

Atreyi Mukherji, MD Psychotherapist

Expertise in EMDR. Trauma & Chronic Pain focused Psychotherapy.

OHIP Insured

The program combines psychoeducation with psychotherapy. We work with individuals and provide trauma-focused, culturally 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-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><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>Psychodynamic psychotherapy with a focus on grief, loss, and resiliency</i>● <i>Internal Family Systems</i>
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