



ELM Medicine

Hamilton-Burlington

Phone: 905-318-3006
 Fax: 1- 833-268-3660
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Dr. Atreyi Mukherji. MD, MPH, FRCPC
Integrative Internal Medicine & MD Psychotherapist

Referrals must be received directly by fax or secure email from the office of an Ontario licensed MD or NP.

REQUIRED TO PROCESS REFERRAL Please select only **ONE** of the following program's options.

CONSULTATION	SCOPE OF PRACTICE
<input type="checkbox"/> WEIGHT MANAGEMENT PROGRAM	Please complete attached form (required)
<input type="checkbox"/> CBT FOR WEIGHT MANAGEMENT	Psychotherapy only, 12-week program
<input type="checkbox"/> MEDICAL PSYCHOTHERAPY (Adults aged 18 or older)	Please complete attached form (required)
<input type="checkbox"/> CHRONIC PAIN Psychotherapy	EMDR-based education for coping with chronic pain EMDR Psychotherapy for Chronic Pain Anti-Inflammatory Diet Education
<input type="checkbox"/> ADHD Assessment (Adults aged 18 years or older)	Diagnostic Consultation, pharmacotherapy
<input type="checkbox"/> HEPATITIS B HEPATITIS C	Assessment and 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.

We can only accept referrals directly from the office of an Ontario licensed MD or NP.

FAX ALL REFERRALS TO THE CENTRAL BOOKING LINE

If using email, please ensure it is encrypted as per MOH guidelines to protect patient data and maintain privacy.

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:



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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 informed psychoeducation for emotional eating program
- ☐ Pharmacotherapy
- ☐ Assessment for Bariatric Surgery

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

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Virtual Integrative Medical Psychotherapy

Atreyi Mukherji, MD Psychotherapist

Specialized in EMDR based Psychotherapy. CBT for Weight Management.

OHIP Insured

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

**Referrals will not be accepted in patients with the following, due to contraindications or low likelihood of effectiveness:*

- *Active suicidal ideations or other self harming behavior*
- *Active substance use/addictions*
- *Unable to provide informed consent*
- *Acquired Brain Injury (EMDR)*
- *Eye Disorders (EMDR)*
- *Pregnant (EMDR)*

What is the reason for the referral? Please attach any reports from Psychiatry for PTSD.

<p>By condition: choose ONE ONLY.</p> <ul style="list-style-type: none">○ Trauma-PTSD or C-PTSD Focused Psychotherapy-EMDR○ Chronic Pain focused Psychotherapy-EMDR○ Emotional Dysregulation -DBT○ Depression-EMDR○ Anxiety -EMDR○ Grief and Loss-EMDR○ Phobia - EMDR○ CBT for Weight Management	<p><i>The following modalities may be utilized for psychotherapy:</i></p> <ul style="list-style-type: none">• <i>EMDR- effective for PTSD, Depression, Anxiety, Chronic Pain, Grief, Phobias</i>• <i>Mindfulness-based Cognitive- Behavioral Therapy (CBT)</i>• <i>Dialectical Behavioral Therapy (DBT)</i>• <i>Internal Family Systems</i>• <i>CBT (Weight Management only)</i>
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