



ELM Medicine

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Hamilton-Burlington
& Ontario

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"/> EMDR for Binge Eating Disorder | Please only refer for Binge Eating Disorder, not other Eating Disorders. |
| <input type="checkbox"/> MEDICAL PSYCHOTHERAPY (Adults aged 18 or older) | Please complete attached form (required) |
| <input type="checkbox"/> CHRONIC PAIN Psychoeducation Program | EMDR-based education for coping with 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

www.elmmedicine.ca

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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 , MPH, MD Psychotherapist, Certification by MDPAC & EMDRIA International.

Specialized in EMDR based Psychotherapy.
OHIP Insured

EMDR is the main modality utilized by our program. We recommend considering EMDR for Depression, Excessive Grief, PTSD, c-PTSD , Anxiety, Phobias and Binge Eating Disorder. The program combines psychoeducation with psychotherapy. Pharmacology is also an important part of the treatment plan for some patients, so they are stable enough to tolerate EMDR.

<https://www.emdria.org/wp-content/uploads/2022/03/GWT.2022.27.1.HofmannLehnung.EMDRinTreatmentofDepression.pdf>

Referral acceptance are for an initial assessment to determine if our programs and services are a good fit.

- ✓ For EMDR based Trauma Focused Psychotherapy referrals, please only refer patients who have a formal diagnosis of PTSD or c-PTSD by a licensed health care provider who can diagnose. Alternatively referrals will be accepted if you have elicited specific memories of adverse childhood experiences of neglect or elicited specific memories of physical, sexual or emotional abuse or injuries or accidents in childhood or adulthood.

*Referrals for EMDR should **NOT** be sent for the following:

- Active suicidal ideations or other self harming behavior
- Active substance use/addictions
- Bipolar Disorder
- Unable to provide informed consent
- Acquired Brain Injury (EMDR)
- Eye Disorders (EMDR)
- Pregnant (EMDR)
- History of Seizures(EMDR)
- Has had prior EMDR Psychotherapy for PTSD or c-PTSD**

Please list all mental health diagnosis' & attach all Psychiatry notes.

By condition: **choose ONE ONLY.**

- Depression-EMDR
- Trauma-PTSD or C-PTSD Focused Psychotherapy-EMDR (see criterion above)
- Anxiety -EMDR
- Grief and Loss-EMDR
- Phobia - EMDR
- Binge Eating Disorder-EMDR
- Emotional Dysregulation -DBT Skills

The following modalities may be utilized for psychotherapy:

- **EMDR- effective for Depression, PTSD, c-PTSD, Anxiety, Grief, Phobias and Binge-Eating Disorder.**
- **EMDR for Depression is particularly helpful for individuals with relapsing Depression. If there are no contraindications , we recommend patients use both CBT & EMDR for greater therapeutic benefits.**
- **Mindfulness.**
- **Dialectical Behavioral Therapy (DBT).**
- **Internal Family Systems.**

