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
☐ **WEIGHT MANAGEMENT PROGRAM**	Please complete attached form (required)
☐ **CBT FOR WEIGHT MANAGEMENT**	Psychotherapy only, 12-week program
☐ **MEDICAL PSYCHOTHERAPY** **(Adults aged 18 or older)**	Please complete attached form (required)
☐ **CHRONIC PAIN Psychotherapy**	EMDR-based education for coping with chronic pain EMDR Psychotherapy for Chronic Pain Anti-Inflammatory Diet Education
☐ **ADHD Assessment** **(Adults aged 18 years or older)**	Diagnostic Consultation, pharmacotherapy
☐ **HEPATITIS B | HEPATITIS C**	Assessment and management.
☐ **INTERNAL MEDICINE**	**Choose ONE of the following:** ☐ Hypertension ☐ Liver Disease Workup
☐ **LIFESTYLE MEDICINE** *Nutrition Coaching, Health Education*	Suitable for IBS, GERD, Migraine, Arthritis, Autoimmune Disease, and Chronic Fatigue.

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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

info.elmmedicine@protonmail.com

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:	☐ Mr. ☐ Mrs. ☐ 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.

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.

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

Referrals will **not be accepted for 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)*
- *History of Seizures(EMDR)*
- ***Has had prior EMDR Psychotherapy for PTSD or c-PTSD*****

✓ *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.*

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

By condition: choose ONE ONLY.	The following modalities may be utilized for psychotherapy:
o **Trauma-PTSD or C-PTSD Focused** Psychotherapy-EMDR (see criterion above)	• ***EMDR- effective for PTSD, Depression, Anxiety, Chronic Pain, Grief, Phobias***
o **Chronic Pain** focused Psychotherapy-EMDR	• *Mindfulness-based Cognitive- Behavioral Therapy (CBT)*
o Emotional Dysregulation -DBT Skills	
o Depression-EMDR	• *Dialectical Behavioral Therapy (DBT)*
o Anxiety -EMDR	• *Internal Family Systems*
o Grief and Loss-EMDR	• *CBT (Weight Management only)*
o Phobia - EMDR	
o CBT for Weight Management	