ASPIRE
BARIATRIC & LIFESTYLE CLINIC

Dr.Golmehr Sajjady
MD, FRCPC, ABIM, Dip ABOM, ABLM
Internal Medicine Specialist
Obesity Specialist
CPSID: 29352 MSP: 67048

REFERRAL FORM

Patient Name:	Gender:
PHN:	Weight:
Date of Birth:	Height:
Phone:	BMI:
(Alt) Phone:	Email:
Address:	
Family Physician:	Family Physician Fax:

Primary Reason for referral: ☐ Adult Patient with BMI>30 ☐ Adult Patient with BMI>27 with co-morbidities

Risk Factors *(Please Check ALL that applies)*

- ◯ Type 2 Diabetes
- ◯ Dyslipidemia
- ◯ Hypertension
- ◯ Fatty liver disease
- ◯ Osteoarthritis
- ◯ Infertility
- ◯ Obstructive Sleep Apnea
- ◯ History of cardiovascular disease
- ◯ Polycystic Ovarian Syndrome
- ◯ Cerebrovascular disease
- ◯ Peripheral Vascular disease
- ◯ Venous thrombeombolic disease

Others:

Referring Physician/Health Care Provider:			
MSP:	**Signature:**	**Date:** *dd/mm/yyyy*	
Street Address:		**City:**	
Province:	**Postal Code:**	**Phone:**	**Fax:**

Please fax form to **1 (604)-770-3537** or email to **info@aspirebariatric.ca**