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### REFERRING PROVIDER

PHYSICIAN NAME

CPSO #

CLINIC / PRACTICE

PHONE

FAX

EMAIL

### PATIENT INFORMATION

PATIENT NAME

DATE OF BIRTH

HEALTH CARD NUMBER

PATIENT PHONE

ADDRESS

### REASON FOR REFERRAL

Weight management

Metabolic health

Pharmacotherapy

Behavioural

Movement / exercise

Other

### CLINICAL NOTES

PHYSICIAN SIGNATURE

DATE

### RETURN COMPLETED FORM

One Eva Medical  
1 Eva Road, Suite 100, Etobicoke, ON M9C 4Z5  
Fax 416-695-2467 · Tel 647-478-0558

The Borough  
114-408 Brown's Line, Etobicoke, ON M8W 0C3  
Fax 416-259-0888 · Tel 416-259-8888