1450 O'Connor Drive, unit 10 Toronto,
ON, M4B 2T8
T: (416) 800 9032
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www.mindfulmedicine.ca

Physician Referral Form

Patient Name: _____

Address: _____

DOB (mm/dd/yyyy): _____

Health card #: _____

OHIP-covered behavioral counselling service for (check all that apply):

- ☐ Chronic Disease Management *
- ☐ Weight Management
- ☐ Lifestyle Management
- ☐ Stress Management
- ☐ Nutrition Counselling
- ☐ Sleep Counselling
- ☐ Physical Activity Counselling
- ☐ Smoking Cessation
- ☐ Other: _____

* Our chronic disease management program includes a dietitian covered under OHIP if your patient has any of the following (check all that apply):

- ☐ Diabetes (pre, type 1, type 2, gestational)
- ☐ Congestive Heart Failure
- ☐ Chronic Obstructive Pulmonary Disease
- ☐ Dyslipidemia (abnormal LDL, HDL, or TG)
- ☐ Asthma
- ☐ Fibromyalgia

Physician Stamp:

Physician Signature:

_____