



PLEASE FAX REFERRALS TO
613-417-3614

**MARIA E. THEODOROU, MD PhD FRCPC (Internal Medicine), Dipl. ABLM
Lifestyle Medicine & Specialist Network**

“Management of chronic disease through intensive lifestyle modification.”

COMMON ELIGIBLE CONDITIONS

- | | | |
|---|---|---|
| <input type="checkbox"/> Obesity and Obesity Related Disease | <input type="checkbox"/> Diabetes Type 2 | <input type="checkbox"/> Dyslipidemia |
| <input type="checkbox"/> Non-Alcoholic Fatty Liver Disease and NASH | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Coronary Artery |
| <input type="checkbox"/> Polycystic Ovarian Syndrome | <input type="checkbox"/> Osteoporosis and Bone Health | <input type="checkbox"/> Cerebrovascular Disease |
| <input type="checkbox"/> Erectile Dysfunction & Hypogonadism | <input type="checkbox"/> Autoimmune Disorder | <input type="checkbox"/> Atrial Fibrillation |
| <input type="checkbox"/> Cancer (adjunctive lifestyle optimization) | <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> Preventative Wellness | <input type="checkbox"/> Minimal Cognitive Impairment | <input type="checkbox"/> Other _____ |

At Aroga Lifestyle Medicine, we treat chronic disease with intensive (yet sustainable) evidence/guideline-based lifestyle interventions as first-line therapy and where necessary, provide pharmacologic treatment. We wean medications as the patient's condition allows, and monitor patients closely, titrating medication doses as required. Consultations and follow-ups combine our medical specialist expertise with in-house allied health professionals (e.g. dietician) to optimize outcomes and provide patients with the tools necessary to take control of their own health. We work in concert with the patient's primary care provider and other medical/surgical specialists. Specialist consultations and follow-ups are fully covered by OHIP. Dietician visits accompanying specialist consultation and follow-ups are included, at no additional cost to the patient.

SPECIALTY MEDICAL SERVICES

- | | |
|--|---|
| <input type="checkbox"/> GENERAL INTERNAL MEDICINE | <input type="checkbox"/> OSTEOPOROSIS and BONE HEALTH |
| <input type="checkbox"/> GENERAL PEDIATRICS | <input type="checkbox"/> HEMATOLOGY |
| <input type="checkbox"/> ENDOCRINOLOGY | |

Reason for Referral: _____

Please attach any lab results, imaging or prior consultant reports to aide in our consultation.

Referring Physician: _____ OHIP ID # _____

PATIENT INFORMATION

NAME	
ADDRESS	
DATE OF BIRTH	OHIP#
TELEPHONE NUMBER	EMAIL

MD Signature _____

Please provide as much supporting documentation as possible (eg. lab, consultant, imaging reports, etc.). You will be notified regarding the patient's appointment time and date. All consultation notes will be forwarded to your office via fax.

PLEASE FAX REFERRALS TO: 613-417-3614