

PLEASE FAX REFERRALS TO **613-703-9757**

Heidi Dutton MD MSc FRCPC Dipl. ABOM Lifestyle Medicine & Specialist Network

"Management of chronic disease through intensive lifestyle modification."

| COMMON ELIGIBLE CONDITIONS | _ | _ |
|---|--|---|
| ☐ Obesity and Obesity Related Disease* | ☐ Diabetes Type 2* | ☐ Dyslipidemia* |
| ☐ Non-Alcoholic Fatty Liver Disease and NASH* | ☐ Hypertension* | Coronary Artery Disease |
| Polycystic Ovarian Syndrome* Erectile Dysfunction & Hypogonadism | Osteoporosis and Bone Health Autoimmune Disorder | ☐ Cerebrovascular Disease ☐ Atrial Fibrillation |
| Cancer (adjunctive lifsestyle optimization) | Chronic Kidney Disease | ☐ Irritable Bowel Syndrome |
| Chronic Insomnia | Fibromyalgia | 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. | | |
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| POST - BARIATRIC SURGERY CARE* - check Routine specialist follow up | | Maight regain |
| Dumping Syndrome | ✓ Vitamin Deficienccy✓ Post-prandial hypoglycemia | ✓ Weight regain✓ Calcium/PTH/Vitamin D abnormality |
| bumping syndrome | Fost prantilal hypogrycernia | Calcium, Firm, Vitamin D abnormality |
| SPECIALTY MEDICAL SERVICES | | |
| General Internal Medicine | ☐ Endocrinology | Osteoporosis and Bone Health |
| General Pediatrics | Hematology | |
| Reason for Referral: | | |
| | | |
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| | | |
| | PATIENT INFORMATION | |
| NAME | | |
| ADDRESS | | |
| DATE OF BIRTH | | OHIP# |
| TELEPHONE NUMBER | | EMAIL |
| *Endocrine & metabolic conditions to be seen by Dr Dutto | n. Remaining conditions will be seen by a | in Internal Medicine Associate. |
| | | |
| | | |
| | | |
| Referring Physician: | Billing # | MD Signature |
| Please provide as much supporting documenta | ation as possible (eg. lab. consultant | imaging reports etc.) You will be notified |

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.

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