



PLEASE SEND ALL REFERRALS TO  
OUR CENTRAL TOLL FREE FAX LINE  
**855-404-4017**

**BC-Wide Telemedicine  
Lifestyle Medicine & Specialist Network**

**Jesse Pewarchuk MD FRCPC \* Jasdeep Saluja MD FRCPC & Associates**  
**"Management of chronic disease through intensive lifestyle modification."**

Aroga is proud to provide specialist physician medical consultations and allied health care services via telemedicine to the entire province of British Columbia. Using this referral form, you can access our expanding suite of care options, with your patient seen using cutting edge telemedicine software by practicing BC specialists. For our services, your patient requires access to the following: a good broadband internet connection and either (1) a computer with microphone, speakers, web-cam, Google Chrome or Safari browser; OR (2) an Apple or Android device with our app installed.

**AROGA LIFESTYLE MEDICINE**     **Adult**     **Pediatric**

**(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 Disease
<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"/> Atrial Fibrillation	<input type="checkbox"/> Other _____

The Aroga Lifestyle Medicine specialist consult treats chronic disease with evidence-based & guideline-based intensive-yet-sustainable lifestyle change interventions as primary treatment and when necessary provides pharmacological treatment. Consults and follow ups combine our medical specialist expertise with in-house allied health professionals to optimize outcomes and provide patients with the tools necessary to take control of their own bodies. This specialist consult is fully covered by MSP in BC.

**SPECIALTY MEDICAL SERVICES**

<input type="checkbox"/> GENERAL INTERNAL MEDICINE	<input type="checkbox"/> BARIATRIC/OBESITY MEDICINE <i>(patients will be assessed/prepared for Bariatric surgery eligibility by Diplomates of the American Board of Obesity Medicine)</i>
<input type="checkbox"/> GENERAL PEDIATRICS	<input type="checkbox"/> POST-OP BARIATRIC SURGERY MEDICAL MANAGEMENT
<input type="checkbox"/> ENDOCRINOLOGY	<input type="checkbox"/> OSTEOPOROSIS and BONE HEALTH
<input type="checkbox"/> ENDOCRINOLOGY <i>with special interest in male and female hypogonadism</i>	<input type="checkbox"/> HEMATOLOGY
<input type="checkbox"/> CARDIOLOGY	

**FUNCTIONAL DISORDERS:**

<input type="checkbox"/> FIBROMYALGIA	<input type="checkbox"/> REGISTERED DIETITIAN*
<input type="checkbox"/> CHRONIC FATIGUE	<input type="checkbox"/> REGISTERED CLINICAL COUNSELLOR*
<input type="checkbox"/> IRRITABLE BOWEL SYNDROME	<input type="checkbox"/> REGISTERED PHYSIOTHERAPIST*
	<input type="checkbox"/> REGISTERED SPEECH PATHOLOGY*

**SLEEP MEDICINE SPECIALIST**

<input type="checkbox"/> SLEEP APNEA	
<input type="checkbox"/> INSOMNIA	
<input type="checkbox"/> OTHER DISORDERS OF SLEEP	

**ALLIED HEALTH PROFESSIONAL CONSULT & TREATMENT**

\* Private pay, covered by most third party benefits

Reason for Referral: \_\_\_\_\_  
*Please attach any lab results, imaging or prior consultant reports to aide in our consultation.*

Referring Physician: \_\_\_\_\_      MSP ID # \_\_\_\_\_

PATIENT REFERRAL	
NAME	<input type="checkbox"/> M <input type="checkbox"/> F
PHN	DATE OF BIRTH
TELEPHONE	CELL PHONE
ADDRESS	EMAIL
DIAGNOSIS	
REFERRING MD	MSP#
REFERRING	REFERRING PRACTITIONER
COPIES TO	

MD Signature \_\_\_\_\_

*Please provide and append as much pertinent data as possible. Eg: Lab Reports, Consultant Reports, Imaging Reports, etc. You will get notified about your patient's booked appointment time and date. All consult notes will be sent to your office via fax.*

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