

Amardeep S. Mangat MD FRCPC * Nazia Hossain MD FRCPC & Associates *
"Multispecialty Medical Clinic - In-Person and/or by Telemedicine"

AROGA LIFESTYLE MEDICINE (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"/> Eczema/Psoriasis | <input type="checkbox"/> Cerebrovascular Disease |
| <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 OHIP in ON.

CARDIAC DIAGNOSTICS

- | | | |
|---------------------------------------------|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> 24-Hour BP Monitor | <input type="checkbox"/> Treadmill Consult | <input type="checkbox"/> Fitness To Exercise |
| <input type="checkbox"/> Holter Testing | <input type="checkbox"/> Palpitations Consult | <input type="checkbox"/> Syncope Consult |
| <input type="checkbox"/> Electrocardiogram | <input type="checkbox"/> Chest Pain Consult | <input type="checkbox"/> Other _____ |

GENERAL INTERNAL MEDICINE and PERIOPERATIVE MEDICINE

Reason for referral (please append a referral letter with details): _____
If Pre-op, what is the proposed OR date: _____

CLICK ONE:

- VERY URGENT (within days) URGENT (within 3 weeks) NONURGENT (>3 weeks)

ANEMIA/HEMATOLOGICAL DISORDERS

- Anemia/Iron Deficiency Consultation
 General Hematological Disorder
 Iron Infusion (private service, infusion fee applicable)

***Please ensure the patient provided with a prescription for Venofer or Monoferric and order to infuse

PATIENT REFERRAL

NAME (FIRST/LAST) <input type="checkbox"/> M <input type="checkbox"/> F	
HEALTH CARD NUMBER	DATE OF BIRTH
TELEPHONE	CELL PHONE
ADDRESS	EMAIL
DIAGNOSIS	
REFERRING MD	OHIP #
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.

PLEASE SEND ALL REFERRALS TO: 289-726-2032