AROGA
LIFESTYLE MEDICINE

PLEASE FAX REFERRALS TO
289-726-2032

AMARDEEP S. MANGAT MD FRCPC * NAZIA HOSSAIN MD FRCPC * CAMILLE CLARKE MD FRCPC * STEPHEN BRAZEAU MD FRCPC & ASSOCIATES

AROGA LIFESTYLE MEDICINE (COMMON ELIGIBLE CONDITIONS):

- ☐ Obesity and Obesity Related Disease Non-
- ☐ Alcoholic Fatty Liver Disease and NASH
- ☐ Polycystic Ovarian Syndrome
- ☐ Atrial Fibrillation
- ☐ Diabetes Type 2
- ☐ Hypertension
- ☐ Eczema/Psoriasis
- ☐ Other ____________
- ☐ Dyslipidemia
- ☐ Coronary Artery Disease
- ☐ Cerebrovascular Disease

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

- ☐ 24-Hour BP Monitor
- ☐ Holter Testing
- ☐ Electrocardiogram
- ☐ Treadmill Consult
- ☐ Palpitations Consult
- ☐ Chest Pain Consult
- ☐ Fitness To Exercise
- ☐ Syncope Consult
- ☐ 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)	☐ M ☐ 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