

**DR. LEANNE REIMCHE 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/Infertility    | <input type="checkbox"/> Eczema/Psoriasis    | <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 AHCIP in AB.

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

**BARIATRIC MEDICINE**

- Bariatric Medicine

Consult provided by ABOM certified General Internists and bariatric specialized Registered Dietitians, this service assesses and prepares patients for bariatric surgery. Once criteria are met, patients are referred on to Bariatric Surgery

**FUNCTIONAL DISORDERS**

- Irritable Bowel Syndrome

Internal Medicine Consult (with special interest in these conditions) provides guideline-based investigations into alternative causes and, when appropriate, provides patients with current treatments.

**Comments**

**PATIENT REFERRAL**

NAME		<input type="checkbox"/> M <input type="checkbox"/> F
AHC	DATE OF BIRTH	
TELEPHONE	CELL PHONE	
ADDRESS	EMAIL	
DIAGNOSIS		
REFERRING MD	PRAC ID	
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 THE CENTRAL FAX LINE: 780-372-3548**