

Medical Referral Form

To: Sethi Cannabis Clinic & Dr. Sethi's Weight Loss Clinic

Attn: Dr. Jagmeet Sethi, MD, FRCPC

Fax: (905) 681-7751. Ph: (905) 681-7676

Address: 2349 Fairview St, Unit 215, Burlington, ON L7R 2E3

1. Patient Information

- Full Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Health Card # (OHIP) & Version Code: _____
- Phone Number: _____
- Email (Required for Virtual Visit): _____

2. Referral Reason (Select All That Apply)

- **Medical Weight Management:** Chronic obesity management, metabolic health assessment, or GLP-1 therapy guidance.
- **Medical Cannabis Consultation:** Evidence-based management for chronic pain, anxiety, insomnia, or menopause symptoms and other conditions.

3. Clinical Information

- Primary Diagnosis/Reason for Consult: _____
- Relevant Medical History/Comorbidities: _____
- Current Medications: Attached List: _____
- Recent Lab Results (last 6 months): Attached (Highly Recommended)

4. Referring Physician Details

- Physician Name: _____
 - OHIP Billing Number: _____
 - Phone Number: _____ Fax Number: _____
 - Signature: _____ Date: _____
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