

## Dr. Tanbir Sindhar

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www. weightcareMD.ca

## WeightCareMD

Let's get healthy!

### Referral form

#### Patient Demographics

Name: \_\_\_\_\_

Gender:    Male        Female

Date of Birth: \_\_\_\_\_ PHN \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Medical Information

Height:

Weight:

BMI:

#### Medical History

- Diabetes
- Hypertension
- Dyslipidemia
- OSA
- PCOS
- Anxiety/Depression

Referring Physician (Name/MSP) :

**Please fax referrals to: 604-463-1301**