



Dr. ZAHID SARDAR, B.Sc., FRCP(C) FACP
General Internal Medicine & Special Interest in Cardiology

REQUISITION FORM FOR WEIGHT MANAGEMENT PROGRAM

This program includes meetings with a Registered Dietitian and patients will be medically managed by Dr. Sardar. The program is designed to help patients achieve their best weight using self-monitoring, dietary assessment, and cognitive strategies to support behavioural change. Please ensure the patient is aware of the nature of the program and is motivated to participate.

PATIENT INFORMATION:

Name: _____ **DOB:** _____

HC #: _____ **Gender:** F M

Address: _____

Phone (Home): _____ **Phone (Other):** _____

Reason for Referral:

BMI Category:

BMI 27-30 kg/m² + comorbidities

BMI \geq 30 kg/m²

Comorbidities:

Hypertension Dyslipidemia

CVD Osteoarthritis

Sleep Apnea NAFLD

Other _____

Please provide investigations and/or patient profile that may assist the doctor pertaining to referral. Have patient bring his/her current Health Card and Medication List. Thank you.