



Phone: 613-701-1222

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Entrance inside Loblaws near cash register #3



BLOOM

Preoperative Weight Loss Program

BLOOM was developed by a team of experts at LEAF Weight Management Clinic to help people lose weight prior to orthopedic surgery. Results from the pilot program show BLOOM leads to clinically significant weight loss in the majority of participants.

For more information about the BLOOM program, please visit: www.LEAFwmc.com/LEAF-BLOOM or scan the QR code.

Please note, there is program cost for participating in BLOOM and a physician referral is required. If you decide the BLOOM program is right for you after reviewing the information on the website, please have your primary care provider fax this referral form to LEAF Weight Management Clinic.

Patient Identification

First Name: _____

OHIP Number: _____

Last Name: _____

Version Code: _____

Sex on OHIP Card: _____

Date of Birth: _____

Patient Contact

Address: _____

Phone (mobile): _____

City: _____

Phone (home): _____

Province: _____

Email: _____

Postal Code: _____

Medical Information

Height: _____ Weight: _____ BMI: _____

*Please attach any relevant medical history and medication list

Reason for Referral/Referring Clinician

Reason: Preoperative Weight Loss

Referring Clinician: _____ Postal Code: _____

Billing #: _____ Phone: _____

Address: _____ Fax: _____

City: _____ Signature: _____

Province: _____ Date: _____

Our office will contact your patient with an appointment time and date. Consult notes will be sent to your office by fax. Please advise us if your fax number changes.