

**Jesse Pewarchuk MD FRCPC \* Jasdeep Saluja 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                | <input type="checkbox"/> Osteoporosis and Bone Health | <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 MSP in BC.

**CARDIAC DIAGNOSTICS**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 24-Hour BP Monitor | <input type="checkbox"/> Treadmill Consult    | <input type="checkbox"/> Fitness To Exercise |
| <input type="checkbox"/> Holter Testing     | <input type="checkbox"/> Palpitations Consult | <input type="checkbox"/> Syncope Consult     |
| <input type="checkbox"/> Electrocardiogram  | <input type="checkbox"/> Chest Pain Consult   | <input type="checkbox"/> Other _____         |

**GENERAL INTERNAL MEDICINE and PERIOPERATIVE MEDICINE**

Reason for referral (please append a referral letter with details): \_\_\_\_\_

If Pre-op, what is the proposed OR date: \_\_\_\_\_

**Circle one:**

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

**Anemia / Hematological Disorders**

- |  |  |
|--|--|
| <input type="checkbox"/> Anemia Consultation   | <input type="checkbox"/> General Hematological Disorders |
| <input type="checkbox"/> Iron Infusion Alone   |  |
| <i>(ensure you have provided a prescription for Iron Sucrose or Isomaltoside with infusion instructions)</i> |  |
| **A \$120 infusion centre charge is applicable.  |  |

*For all Consultations, we will provide you with a complete internal medicine consultation addressing the reason for referral and ancillary issues, including an investigation and management plan.*

*"Please append or copy us the following labs: CBC-d, ferritin, total iron binding capacity, iron saturation index, reticulocyte count"*

**BARIATRIC MEDICINE**

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

**FUNCTIONAL DISORDERS**

- Fibromyalgia and Chronic Fatigue  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.*

**PATIENT REFERRAL**

NAME <span style="float: right;"><input type="checkbox"/> M <input type="checkbox"/> F</span>	
PHN	DATE OF BIRTH
TELEPHONE	CELL PHONE
ADDRESS	EMAIL
DIAGNOSIS	
REFERRING MD	MSP#
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: 855-404-4017**