Hôpital de Montréal pour enfants
Centre universitaire de santé McGill
Montreal Children's Hospital
McGill University Health Centre

CENTRE OF EXCELLENCE IN ADOLESCENT SEVERE OBESITY (CEASO)

REFERRAL FORM

PLEASE FAX COMPLETED FORM TO 514-412-4319

INCLUSION CRITERIA FOR CLINIC

13-17 year old
BMI > 35kg/m^2 with major co-morbidities (i.e., type 2 diabetes mellitus, moderate to severe sleep apnea [apnea-hypopnea index>15], pseudotumor cerebri, or non-alcoholic steatohepatitis (ALT> 35)) OR **BMI > 40kg/m^2**

Date of Referral (dd/mm/yyyy) ______________________________

REFERRING PHYSICIAN

Name of physician ______________________________

License number______________________________

Telephone number ______________________________

FAX number ______________________________

Specialty (pediatrician, family doctor, in-hospital) ______________________________

PATIENT INFORMATION

Name:______________________________

Phone Number:______________________________

Date of Birth (dd/mm/yyyy) ________________ Age ____________

Weight (kg) __________ Height (cm) __________ BMI (kg/m^2) ________

Date of Measure (dd/mm/yyyy) ______________________________

Known Co-Morbidities: ______________________________

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Please include copies of all testing recently done in any outside laboratory and growth charts

For questions please contact Carla Farnesi, Clinical Coordinator at 514-412-4400 ext 23346 or carla.farnesi@muhc.mcgill.ca