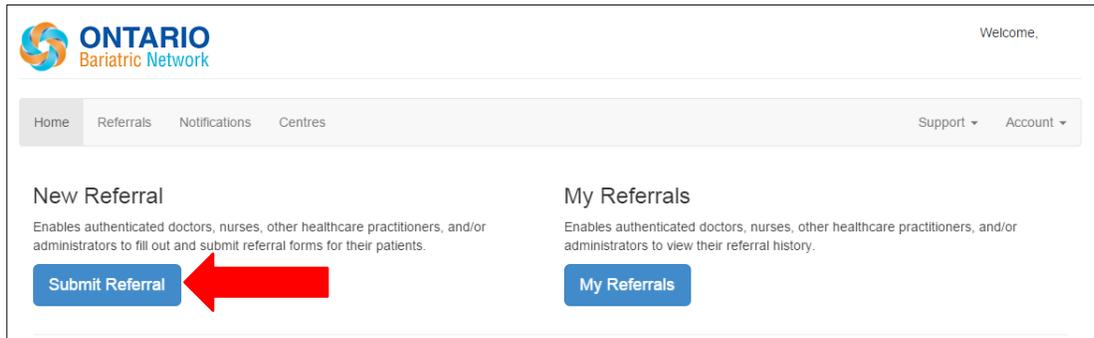


# Quick Start Guide: Submitting a Referral

To submit a referral for your patient, please click on the link “submit referral” and follow the set of instructions provided below.



If at any time you have any technical issues and/or inquiries, please contact PHRI at [bariatricreferral.techsupport@phri.ca](mailto:bariatricreferral.techsupport@phri.ca).

**PLEASE NOTE:** This email is meant to facilitate communication about technical issues and/or inquires only. Do not send any personal health information via email or other unsecured means.

## Overview

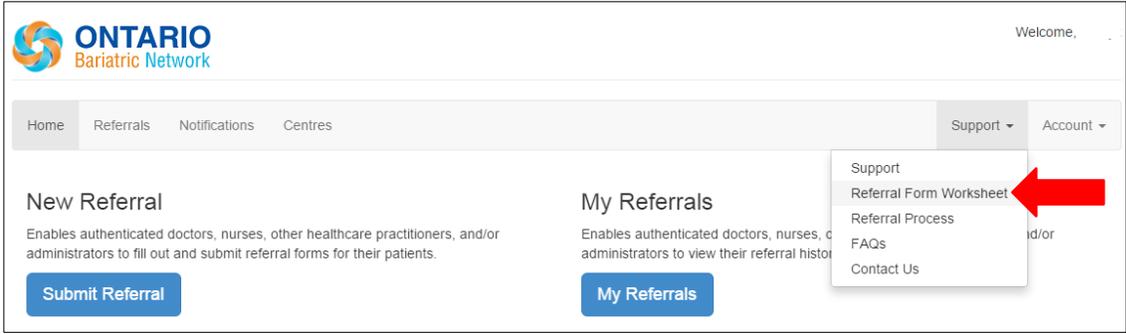
Patients who are residents of Ontario and who have healthcare coverage (OHIP or other recognized provincial/federal funding) can be referred to the Ontario Bariatric Programs.

Eligibility to each program is based on a combination of factors, determined by a series of questions about your patient’s:

- Age,
- Body mass index (BMI),
- Relevant medical history (e.g. obesity-related co-morbid conditions, previous history of bariatric surgery), and
- Lifestyle choices as well as any health-compromising behaviours.

## Referral Worksheet

To streamline the process further, a referral worksheet is available under the “Support” tab on the top right hand side of the screen.



This referral worksheet is to help physicians and their staff to submit a referral using the new bariatric online referral portal. By utilizing this worksheet, physicians are able to fill in the clinical information and then hand over the referral for entry into the online system by one of their employees at the clinic.

**ONTARIO BARIATRIC PROGRAMS REFERRAL WORKSHEET**

**PLEASE NOTE:** All referrals to Ontario Bariatric Programs are to be submitted via the online referral webportal. This worksheet has been provided for reference purposes only and will help you and your office to submit a referral using the online referral webportal. As such, it is not a valid referral form.

The following sections/fields (\*) are **required**.

**PATIENT INFORMATION FOR REFERRAL \***

Date of Birth (YYYY-MM-DD): \_\_\_\_\_

Ontario Health Card Number: \_\_\_\_\_ Version Code \_\_\_\_\_

My patient is a resident of Ontario but does not have an Ontario Health Card. My patient (select one of the following health program options only):

- Is a member of the Canadian Armed Forces (CAF) and has health coverage under the Military Health Care Plan
- Is a member of the Royal Canadian Mounted Police (RCMP) and has health coverage under the Federal Public Service Health Care Plan
- Is a Status Indian and has health coverage under Health Canada's First Nation and Inuit Health Program
- Is a refugee and has health coverage under the Interim Federal Health Program (IFHP)
- Has other health coverage through another program not listed above (please specify)

Please specify: \_\_\_\_\_

**TO CALCULATE BODY MASS INDEX (BMI) \***

Height:	<input type="checkbox"/> cm	Weight:	<input type="checkbox"/> kg
	<input type="checkbox"/> inches		<input type="checkbox"/> lbs

**ELIGIBILITY QUESTIONS: \***

1. Does your patient currently have a problem with alcohol and/or drugs?  No  Yes
2. Does your patient have a recent history of major, life-threatening, cancer (within the last 2 years)?  No  Yes
  - a. If yes, is your patient currently undergoing active treatment for this cancer (e.g. chemotherapy, radiation)?  No  Yes
3. Does your patient have a history of a major cardiovascular event within the last 6 months?  No  Yes
4. Does your patient currently have a significant psychiatric illness?  No  Yes
  - a. If yes, is your patient's significant psychiatric illness untreated or inadequately treated?  No  Yes
5. Does your patient currently smoke (e.g. cigarettes, cigars/cigarillos, e-cigarettes)?  No  Yes
6. Does your patient have coronary heart disease?  No  Yes
7. Does your patient have type 2 diabetes mellitus?  No  Yes
  - a. If yes, does your patient have complicated type 2 diabetes mellitus?  No  Yes
    - i. Complicated type 2 diabetes mellitus is defined as having at least 1 of the 4 following conditions that persists despite adequate management efforts. My patient has (please check any that apply, if known):
      - Metabolic lability or instability
      - Retinopathy
      - Nephropathy
      - Cardiovascular disease
8. Does your patient have hypertension?  No  Yes
  - a. If yes, is your patient's hypertension poorly controlled?  No  Yes

9. Does your patient have idiopathic intracranial hypertension?  No  Yes
10. Does your patient have diagnosed sleep apnea?  No  Yes
11. Does your patient have gastroesophageal reflux disease (GERD)?  No  Yes
12. Has your patient attempted weight loss in the past without successful long-term weight reduction?  No  Yes
13. Does your patient have end stage renal disease?  No  Yes
  - a. If yes, does your patient require dialysis?  No  Yes
  - b. If yes, does your patient have a transplant?  No  Yes
  - c. If yes, does your patient require a transplant?  No  Yes
14. Has your patient had bariatric surgery previously?  No  Yes
  - a. If yes, was your patient's previous bariatric surgery performed in Ontario?  No  Yes
    - i. If yes, this surgery occurred:
      - More than 5 years ago
      - Less than 5 years ago
      - I don't know
    - b. If yes, was your patient's previous bariatric surgery performed out-of-country or out-of-province?  No  Yes
      - i. If yes, this surgery was:
        - Pre-approved and funded by the Ministry of Health and Long-Term Care (MHLTC)
        - Not pre-approved or funded by the MHLTC
      - c. If yes, my patient is now seeking (please select only one):
        - i. Further bariatric surgery: Revision or conversion of a previous bariatric surgery
        - ii. Adjustment or repair to an existing adjustable gastric band
        - iii. Further bariatric surgery after previous removal of an adjustable gastric band
        - iv. Management of weight regain
        - v. Follow-up care for surgical complications and/or medical issues

**PATIENT CONSENT \***

My patient consents to be:

- Referred to the Bariatric Medical Program
- Referred to the Bariatric Surgical Program
- Considered as a candidate for the Pilot Metabolic Surgical Program at St. Joseph's Healthcare Hamilton
- My patient is aware that he/she will need to assume the cost of travel and accommodation arrangements and expenses

**PATIENT CONTACT INFORMATION**

First Name\* \_\_\_\_\_ Last/Family Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ ON - Ontario \_\_\_\_\_ Province \_\_\_\_\_ Postal Code\* \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Primary Phone Number\* \_\_\_\_\_ Ext. \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Type\*  Home  Mobile  Work Type  Home  Mobile  Work

Email Address \_\_\_\_\_

**PLEASE NOTE:** If you have not already registered to submit referrals via the online referral portal, the following information is required for registration.

The following sections/fields (\*) are **required**.

**REFERRING HEALTHCARE PROVIDER INFORMATION**

ONHP Billing Number (6-digits)\* \_\_\_\_\_ Title\*  Dr.  Mr.  Mrs.  Prof.  Ms.  Miss.

First Name\* \_\_\_\_\_ Last/Family Name\* \_\_\_\_\_

Specialty:\*  Primary Care Physician  Medical Internist  Nurse Practitioner  Family Physician  Specialist (please specify)  Other (please specify)

If Specialist or Other, please specify\* \_\_\_\_\_

Office/Clinic Name \_\_\_\_\_ Office/Clinic Address\* \_\_\_\_\_

City\* \_\_\_\_\_ ON - Ontario \_\_\_\_\_ Province \_\_\_\_\_ Postal Code\* \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Office/Clinic Phone Number\* \_\_\_\_\_ Ext. \_\_\_\_\_ Secondary Office/Clinic Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Office/Clinic Fax Number\* \_\_\_\_\_ Secondary Office/Clinic Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

I authorize the creation of a user account using the supplied credentials.\*

I hereby certify that the information above is true and accurate.\*

I am responsible for this account and accountable for all referrals submitted.\*

Referring Provider Signature \_\_\_\_\_

Date (YYYY-MM-DD) \_\_\_\_\_

This is beneficial for physician offices who do not have computers in their exam rooms or for clinics that have a high patient volume.

**PLEASE NOTE: This worksheet has been provided for reference purposes only and is not a valid referral form. Any referral worksheets faxed into the old bariatric referral fax number will not be processed and returned to sender.**

The last page of the referral form worksheet collects the information necessary to register for a physician account. This must only be done one time by the physician.

## The Referral Form

The referral form is a series of clinical questions that are used to assess patient eligibility to one or more of the bariatric treatment programs currently offered in Ontario.

The referral form is comprised of five separate pages of information: Health card number and date of birth, body mass index (BMI), and eligibility questions.

**PLEASE NOTE:** The  symbol indicates that there is additional information available. The information pages open up in a new tab so you do not lose your place within the referral process.

For example, if you click on the symbol next to the title “Bariatric Referral Form”:



A page with a description of the bariatric referral process will open in a new browser tab.

**The Referral Process**

The Bariatric Referral Web Portal is a centralized referral process that will enable doctors, nurses, other healthcare practitioners and/or administrators to enter standard referral data for their patients into a database. Once referred, those patients who have met the referral criterion are assessed at a Bariatric Centre of Excellence (BCoE) or a Regional Assessment and Treatment Centre (RATC), which are assigned based on patients' postal codes, ensuring that patients receive bariatric treatment as close to home as possible. Once the referral is submitted, eligible patients will be contacted by the Bariatric Centre and invited to attend an orientation session where each will be given a comprehensive screening and assessment to ensure the appropriateness of their selected Bariatric Program.

For eligible patients, intensive education and nutritional counselling is provided and post-program follow-up is routinely scheduled for a period determined by the type of Bariatric Program the patient receives.

The Bariatric Referral Web Portal will replace the current fax-based referral process and will streamline the referral process with the ultimate goals of: improving care of the obese patient, reducing wait times, and increasing the effectiveness of healthcare dollars spent.

The Bariatric Referral Web Portal is part of the Bariatric Registry, which is a centralized observational, multi-centre, database registry designed to collect standardized information on patients undergoing bariatric treatments at clinical BCoEs and RATCs across Ontario including: patient characteristics, surgical procedures, non-surgical treatments, medical and psychosocial outcomes, and economic factors. The data collected will also help to identify new risks and assist in developing strategies to address them, inform decision makers, ensure patients' safety, and identify practices and health services areas that require optimization and improvement. This information will be used to achieve the goals of increasing the effectiveness (and efficiency) of care for obese patients, helping to reduce costs associated with the duplication of treatment as well as the need to send patients out-of-country for their bariatric care. Ultimately, this data and information will lead to the development of specific Canadian guidelines and recommendations for optimal bariatric care.

Additional instances of this symbol across the referral process link to descriptions of the Ontario Bariatric Programs offered.

## Health Card and Date of Birth

The first page of the referral form asks for three pieces of information, your patient's

- Ontario Health Card number or information about other recognized provincial/federal healthcare funding,
- Date of birth, and
- Biological sex.

### Bariatric Referral Form i

#### New Referral

**Health Card #**  **Version Code**

My patient is a resident of Ontario but does not have an Ontario Health Card

**Birthdate**

**Sex**  
 Male  
 Female

Patients must be over the age of 18 to be referred using this system. If your patient is under 17.5 years of age, a pop-up warning message will appear directing you to alternative treatment options for pediatric patients.

### Ineligible

Patients under the age of 18 are **NOT** eligible for referral through this Ontario Bariatric Program referral system. Patients aged 12-17 may be eligible for the SickKids Team Obesity Management Program (STOMP) and patients aged 6 months to 5 years can be referred to the STOMP Early Years Program. For more information on both programs and referral information, please visit <http://www.sickkids.ca/STOMP/index.html>

## Duplicate Referrals

Before moving past the first page of the referral form, the system will check for duplicate referrals using both the patient's health card number and date of birth. If your patient has already has an active referral in the system, you will be alerted to this by pop-up:

**Ineligible**

---

The OHIP number and date of birth entered match an active referral submitted on 2015-03-05 to St Joseph's Healthcare Hamilton. Please contact this Bariatric Centre directly if you have any clinical questions about this patient or if you have questions about this patient's clinical status. If this is your patient and you are authorized to view this referral, please fax your request to PHRI at 905-577-8258. Do not send any personal health information via email or other unsecured means. If you have any technical issues and/or inquiries, please contact PHRI at: [bariatricreferral.techsupport@phri.ca](mailto:bariatricreferral.techsupport@phri.ca)

---

End Referral
Go Back and Edit Referral

If you have any clinical questions about the patient or questions about the patient's clinical status, you will be directed to contact the bariatric centre to which this referral was submitted.

Contact information for centres can be found under the Centres tab on the top banner to the left hand side of the page


Welcome, averyk

---

Home
Referrals
Notifications
Centres

Support ▾
Account ▾

---

**New Referral**

Enables authenticated doctors, nurses, other healthcare practitioners, and/or administrators to fill out and submit referral forms for their patients.

Submit Referral

**My Referrals**

Enables authenticated doctors, nurses, other healthcare practitioners, and/or administrators to view their referral history.

My Referrals

If this referral was previously submitted by your office and you wish to link it to your new referral portal account, you will be directed to fax PHRI directly at 905-577-8258. In the body of the fax, please provide enough information for PHRI to determine that you are authorized, as referring healthcare provider, to view this referral. PHRI will only link referrals to physician accounts where definitive linkages can be proven.

## Re-Referrals or Subsequent Referrals

Physicians can re-refer, or submit a subsequent referral, for patients whose previous referrals are inactive (e.g. have been discharged out of the system).

When Physician enters a health card number and date of birth that matches a "discharged" referral, the following message is displayed:

**Warning**

The OHIP number and date of birth entered match an inactive referral submitted on 2015-03-05 to St Joseph's Healthcare Hamilton. Please continue if you wish to re-refer this patient.

[End Referral](#) [Continue](#)

When Physician selects continue and submits the re-referral, (if the same Physician as first “discharged” referral), they will see both “discharged” and “submitted” referrals in their list.

When Physician selects continue and submits the re-referral, (if it is the same Physician as first “discharged” referral), they will see both “discharged” and “submitted” referrals in their list. Upon submission the re-referral will be assigned a new ID number and the patient’s previous referral history will be linked to the referral re-submitted into the system.

My Referrals <span style="float: right;">Submit New Referral</span>				
Action	Status	Details	Patient	Referral
<a href="#">Actions</a>	Submitted	This referral has been successfully submitted and the centre has been notified for scheduling. No action is required.	9876-543-217	<b>002100041</b> <b>Surgical Program</b> St Joseph's Healthcare Hamilton Submitted 2015-03-06
<a href="#">Actions</a>	Discharged	This referral has been discharged for the following reason: [insert reason for discharge selected by the centre].	9876-543-217	<b>002100040</b> <b>Surgical Program</b> St Joseph's Healthcare Hamilton Submitted 2015-03-05

When the centre user selects referral history on the new re-referral, they have the option to view past referral and past referral history:

**Referral History**

Submitted By:

Referral ID#: 002100041

Patient Name:

Bariatric Program Type: Surgical Program

Centre Assignment: St Joseph's Healthcare Hamilton

Status: Submitted

Date Referral Submitted (yyyy-mm-dd): 2015-03-06

Comments:

---

**Transfer History**

Type	Date	From	To
------	------	------	----

[Back](#) [View Referral](#)

[View Past Referral](#) [Past Referral History](#)

## Body Mass Index (BMI)

The next page of the referral form asks you to input your patient’s height and weight. You have the option to submit this information using metric or imperial units of measurement, or a combination of the two. In the case of using a combination of the two, enter the first measurement using the metric unit of measurement. Once the first is entered, switch over to imperial and enter the second.

**Bariatric Referral Form** ⓘ

**BMI**

**Unit of Measurement**

Metric

Imperial

**Height**

163 cm = 5 ft 4 in

**Weight**

113 kg = 250 lb

Your patient's body mass index (BMI) is 43

Back Next

Cancel Save and Exit

When both height and weight are inputted into the system, your patient’s body mass index (BMI) will be automatically calculated by the system.

BMI thresholds for the programs are as follows:

### Surgical Program

To be eligible for the Surgical Program, your patient must either have a BMI of  $\geq 35$  as well as the existence of at least one obesity-related co-morbid condition or have a BMI of  $\geq 40$  without a co-morbid condition.

### Medical Program

To be eligible for the Medical Program, your patient must either have a BMI of  $\geq 30$  as well as the existence of at least one obesity-related co-morbid condition or have a BMI of  $\geq 35$  without a co-morbid condition.

### Pilot Metabolic Surgical Program at St. Joseph’s Healthcare Hamilton

To be eligible for the Pilot Metabolic Surgical Program at St. Joseph’s Healthcare Hamilton, your patient must have a BMI  $\geq 28$  and  $\leq 35$  in addition to complicated type 2 diabetes mellitus.

## Eligibility Questions

The final three pages of the referral form are a series of questions to assess eligibility to one or more of the bariatric programs currently offered.

**Bariatric Referral Form** 

1. Does your patient currently have a problem with alcohol and/or drugs?  
 No  
 Yes

2. Does your patient have a recent history of major, life-threatening, cancer (within the last 2 years)?  
 No  
 Yes

2a. Is your patient currently undergoing active treatment for this cancer (e.g. chemotherapy, radiation)?  
 No  
 Yes

3. Does your patient have a history of a major cardiovascular event within the last 6 months?  
 No  
 Yes

4. Does your patient currently have a significant psychiatric illness?  
 No  
 Yes

4a. Is your patient's significant psychiatric illness untreated or inadequately treated?  
 No  
 Yes

5. Does your patient currently smoke (e.g. cigarettes, cigars, cigarillos, e-cigarettes)?  
 No  
 Yes

6. Does your patient have coronary heart disease?  
 No  
 Yes

These questions will ask about your patient's

- Relevant medical history,
- Current clinical assessment,
- Lifestyle choices,
- Health compromising behaviours (e.g. smoking), and
- Previous history of bariatric surgery.

### Bariatric Referral Form 1

7. Does your patient have type 2 diabetes mellitus?

No  
 Yes

7a. Does your patient have complicated type 2 diabetes mellitus?

No  
 Yes

Complicated type 2 diabetes mellitus is defined as having at least 1 of the 4 following conditions that persists **despite adequate management efforts**. (Please check any that apply, if known):

Metabolic lability or instability  
 Retinopathy  
 Nephropathy  
 Cardiovascular disease

8. Does your patient have hypertension?

No  
 Yes

8a. Is your patient's hypertension poorly controlled?

No  
 Yes

9. Does your patient have idiopathic intracranial hypertension?

No  
 Yes

10. Does your patient have diagnosed sleep apnea?

No  
 Yes

11. Does your patient have gastroesophageal reflux disease (GERD)?

No  
 Yes

12. Has your patient attempted weight loss in the past without successful long-term weight reduction?

No  
 Yes

The answers to these questions will be used to assess eligibility to one or more of the bariatric programs currently offered.

**Bariatric Referral Form** 1

13. Does your patient have end stage renal disease?

No  
 Yes

13a. Does your patient require dialysis?

No  
 Yes

13b. Does your patient have a transplant?

No  
 Yes

13c. Does your patient require a transplant?

No  
 Yes

14. Has your patient had bariatric surgery previously?

No  
 Yes

14a. My patient's previous bariatric surgery was performed:

In Ontario  
 Out-of-country or out-of-province

14b. My patient is now seeking:

Further bariatric surgery: Revision or conversion of a previous bariatric surgery  
 Adjustment or repair to an existing adjustable gastric band  
 Further bariatric surgery after previous removal of an adjustable gastric band  
 Management of weight regain  
 Follow-up care for surgical complications and/or medical issues

## Error Messages

There are two types of error messages in the new online bariatric referral system: ineligible messages and warning messages.

### Ineligible Messages

The first is an ineligibility message which signals that your patient is ineligible to all bariatric programs currently offered. When an ineligibility message is triggered, you have two options, to go back and edit the referral (if you've mistakenly entered an incorrect answer) or to end the referral process completely.

**Ineligible**

---

Your patient is currently ineligible for all Ontario Bariatric Programs. Please re-refer after your patient has been adequately treated for alcohol and/or drug dependency for more than 6 months.

---

After you click away from the pop-up with the warning message, this message is displayed on-screen for further reference.

1. Does your patient currently have a problem with alcohol and/or drugs?

No

Yes

Your patient is currently **ineligible** for all Ontario Bariatric Programs. Please re-refer after your patient has been adequately treated for alcohol and/or drug dependency for more than 6 months.

If you continue with the referral after receiving an ineligibility message, your patient will be deemed ineligible for all bariatric programs.

**Bariatric Referral Form** 

Your patient is **ineligible** for the Ontario Bariatric Programs currently offered.

Your patient does not currently meet the eligibility criteria requirements for the Ontario Bariatric Programs funded by the Ministry of Health and Long Term Care (MOHLTC). Please seek programs within your local community.

[Back](#)

[Cancel](#) [Save and Exit](#)

## Warning Messages

The second type of error message is a warning message. Unlike ineligibility alerts, which signal the end of the referral process, a warning message will enable you to continue with the referral process but limits your patient's eligibility to certain programs.

**Warning**

Your patient is currently **ineligible** for the Surgical Program. Please re-refer your patient following 6 months of controlled treatment. However, your patient may be eligible for referral to the Medical Program. Please continue with the referral process if this is a desired option.

[Ok](#)

After you click away from the pop-up with the warning message, this message is displayed on-screen for further reference.

3. Does your patient have a history of a major cardiovascular event within the last 6 months?

No

Yes

**WARNING:** Your patient is currently **ineligible** for the Surgical Program. Please re-refer your patient following 6 months of controlled treatment. However, your patient may be eligible for referral to the Medical Program. Please continue with the referral process if this is a desired option.

## Save and Exit

At any time during the referral process, you have the option to save the in progress referral, exit the referral system, and then return to that referral at a later date.

Showing 2 of 2 referrals that require your action

Referrals				
Action	Status	Details	Patient	Referral
<a href="#">Edit</a>	Incomplete	This referral has not been submitted. Please complete the referral form.	No OHIP Number	<b>Surgical Program</b> St Joseph's Healthcare Hamilton Modified 2015-03-17

The referral can be accessed again either via the “Action Items” table on the main landing page of the physician dashboard (see above) or via “My Referrals” (see below).

My Referrals					Submit New Referral
Action	Status	Details	Patient	Referral	Search
Actions ▾ <a href="#">Edit</a> <a href="#">Delete</a> <a href="#">View Referral</a> <a href="#">Referral History</a>	Incomplete	This referral has not been submitted. Please complete the referral form.	No OHIP Number	<b>Surgical Program</b> St Joseph's Healthcare Hamilton Modified 2015-03-17	<input type="text"/> Search
	Submitted	This referral has been successfully submitted and the centre has been notified for scheduling. No action is required.	No OHIP Number	002100043 <b>Surgical Program</b> St Joseph's Healthcare Hamilton Submitted 2015-03-17	Sorting Options Centre Date ▾ First Name Health Card Number
	Incomplete	This referral has not been submitted. Please	7276.663.080	<b>Medical Program</b>	

To reopen the referral and continue where you left off, click the option to “Edit”.

## Selecting a Program

At the end of the referral process, you will select the option to check eligibility, which will be assessed based on the information from the referral questions. In certain cases, your patient will be deemed ineligible for all Ontario Bariatric Programs currently offered:

**Bariatric Referral Form** ⓘ

Your patient is **ineligible** for the Ontario Bariatric Programs currently offered.

Your patient does not currently meet the eligibility criteria requirements for the Ontario Bariatric Programs funded by the Ministry of Health and Long Term Care (MOHLTC). Please seek programs within your local community.

[Back](#)

[Cancel](#) [Save and Exit](#)

In this case, physicians and other referring healthcare providers are encouraged to seek out appropriate treatment programs within the community to help treat your patient’s obesity.

If your patient meets the eligibility criteria and requirements for one (or more) of the three Ontario Bariatric Programs offered, you will be asked to select which program you would like your patient to be referred to. These programs include:

- Bariatric Surgical Program

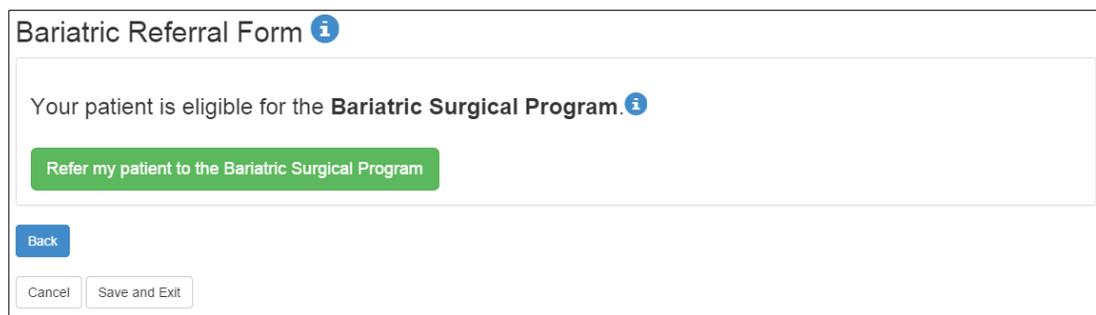
- Bariatric Medical Program
- Pilot Metabolic Surgical Program at St. Joseph's Healthcare Hamilton

For an overview of eligibility rules for each program, please refer to the Ontario Bariatric Network's website:

- Surgical Program: <http://www.ontariobariatricnetwork.ca/our-programs/surgical-program>
- Medical Program: <http://www.ontariobariatricnetwork.ca/our-programs/medical-program>

In consultation with your patient, you will select the program that best suits your patient's wants and needs. Here are some brief descriptions of each program.

### Surgical Program



The screenshot shows a web interface titled "Bariatric Referral Form" with an information icon. Below the title, a message states: "Your patient is eligible for the **Bariatric Surgical Program**." followed by another information icon. A prominent green button reads "Refer my patient to the Bariatric Surgical Program". At the bottom left, there is a blue "Back" button, and at the bottom center, there are two buttons: "Cancel" and "Save and Exit".

The Surgical Program is offered at all 9 of the bariatric treatment centres. This program provides pre- and post-surgical care of morbidly obese patients. Patients attend an orientation session and are comprehensively screened and assessed by the Centre's interdisciplinary team to assess appropriateness for surgery. Intensive education and nutritional counselling is also provided. Post-surgical follow-up is routinely scheduled for a period of 5 years.

Funded procedures include: Roux-en-Y gastric bypass, vertical sleeve gastrectomy, and biliopancreatic diversion. The type of surgical procedure undertaken depends on existing conditions and surgeon assessment as well as in discussion with the patient.

Patients who have met the referral criteria are assessed at their assigned Bariatric Centre of Excellence (BCoE) or Regional Assessment and Treatment Centre (RATC); Centre assignment depends on patient postal code and Centre volume.

## Medical Program

**Bariatric Referral Form** ⓘ

Your patient is eligible for the **Bariatric Medical Program**. ⓘ

[Refer my patient to the Bariatric Medical Program](#)

[Back](#)

[Cancel](#) [Save and Exit](#)

Of the 9 bariatric treatment centres in Ontario, 8 offer a non-surgical treatment options and is classified as the Medical Program. This program provides comprehensive services led by a multidisciplinary team for obese adults focusing on the identification and treatment of obesity-related health conditions, safe weight management, and healthy lifestyle changes.

Patients attend an intake or orientation session followed by a medical appointment and baseline investigation. The program consists of different streams including behavioural modification with or without partial or total meal replacement. Duration of follow-up varies depending on the treatment plan, to a period of up to 2 years.

The streams in the medical program offer standardized treatments that meet the patient's needs:

- Total and partial meal replacement plans,
- Lifestyle program/behavioural therapy,
- One-to-one program, and
- Anti-obesity medication.

Patients who have met the referral criteria are assessed at their assigned Bariatric Centre of Excellence (BCoE) or Regional Assessment and Treatment Centre (RATC); Centre assignment depends on patient postal code and Centre volume.

## Pilot Metabolic Surgical Program at St. Joseph's Healthcare Hamilton (SJHH)

**Bariatric Referral Form** ⓘ

Your patient is eligible for the **Pilot Metabolic Surgical Program** ⓘ offered at St. Joseph's Healthcare Hamilton.

[Refer my patient to the Pilot Metabolic Surgical Program at SJHH](#)

[Back](#)

[Cancel](#) [Save and Exit](#)

Some patients who do not meet the eligibility requirements for the Surgical Program may be eligible for the Pilot Metabolic Surgical Program offered only at St. Joseph’s Healthcare Hamilton (SJHH). This program offers bariatric surgery for patients with a BMI between 28 v kg/m<sup>2</sup> and 35 kg/m<sup>2</sup> who also have complicated type 2 diabetes mellitus.

Current evidence suggests that, when compared with non-surgical treatments, bariatric surgery for non-morbidly obese patients who also have complicated type 2 diabetes is associated with greater weight loss and better intermediate glucose outcomes.

The Pilot Metabolic Surgical Program at St. Joseph’s Healthcare Hamilton (SJHH) aims to confirm the evidence for and analyse the long-term results of diabetes resolution and weight loss post-procedure for these patients, with the ultimate goal of providing improved and expanded services for this population. Patients who have met the referral criteria will be assessed at St. Joseph’s Healthcare Hamilton for Bariatric Surgery. Post-surgical follow-up is routinely scheduled for a period of 5 years.

Patients across the Province of Ontario can be referred to this program; however patients will be responsible for their own travel arrangements and expenses. Residents of Northern Ontario may be eligible for the Northern Health Travel Grant (NHTG) Program to help with travel-related costs.

After you have selected the bariatric program that you want to refer your patient to, you will be directed to a new page

## Patient Information for Centre Allocation

After you have selected the bariatric program that you want to refer your patient to, you will be directed to a new page where you will be asked to provide some patient information to aid in assigning your patient to a bariatric treatment centre.

**Patient Information for Centre Assignment**

Please indicate the Edmonton Obesity Stage of your patient using the [EOSS guide](#) Choose a Score... ▾

<p><b>First Name</b> <input type="text"/></p> <p><b>Address</b> <input type="text"/></p> <p><b>Province</b> <input type="text" value="Ontario"/></p> <p><b>Postal Code (A1A 1A1)</b> <input type="text"/></p> <p><b>Phone Number</b> <input type="text"/></p> <p><b>Secondary Phone Number (Optional)</b> <input type="text"/></p> <p><b>Email (Optional)</b> <input type="text"/></p> <p><b>Additional Comments</b> <input style="height: 30px;" type="text"/></p>	<p><b>Last/Family Name</b> <input type="text"/></p> <p><b>City</b> <input type="text"/></p> <p><b>Country</b> <input type="text" value="Canada"/></p> <p><b>Type</b> Choose a Phone Number Type... ▾</p> <p><b>Type</b> Choose a Phone Number Type... ▾</p>
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## EOSS Score

You will be asked to calculate your patient's Edmonton Obesity Staging System (EOSS) score.

Developed by Dr. Arya M. Sharma and Dr. Robert Kushner this 5-stage system enables clinicians to rank their patient's underlying health and functional status as well as the presence and severity of underlying obesity-related comorbid conditions. The score is based on a series of simple criteria, including your patient's medical history, physical examination, and the results of standard diagnostic tests.

<p><b>STAGE 0</b></p> <ul style="list-style-type: none"> <li>• <b>NO</b> signs of obesity-related factors</li> <li>• <b>NO</b> physical symptoms</li> <li>• <b>NO</b> psychological symptoms</li> <li>• <b>NO</b> functional limitations</li> </ul>
<p><b>STAGE 1</b></p> <ul style="list-style-type: none"> <li>• Patient has obesity-related subclinical factors <b>-OR-</b></li> <li>• <b>MILD</b> physical symptoms - patient currently not requiring medical treatment for comorbidities <b>-OR-</b></li> <li>• <b>MILD</b> obesity-related psychology and/or mild impairment of well-being</li> </ul>
<p><b>STAGE 2</b></p> <ul style="list-style-type: none"> <li>• Patient has an <b>ESTABLISHED</b> obesity-related comorbidity requiring medical intervention <b>-OR-</b></li> <li>• <b>MODERATE</b> obesity-related psychological symptoms <b>-OR-</b></li> <li>• <b>MODERATE</b> functional limitations in daily activities</li> </ul>
<p><b>STAGE 3</b></p> <ul style="list-style-type: none"> <li>• Patient has significant obesity-related end-organ damage <b>-OR-</b></li> <li>• <b>SIGNIFICANT</b> obesity-related psychological symptoms <b>-OR-</b></li> <li>• <b>SIGNIFICANT</b> functional limitations <b>-OR-</b></li> <li>• <b>SIGNIFICANT</b> impairment of well-being</li> </ul>
<p><b>STAGE 4</b></p> <ul style="list-style-type: none"> <li>• <b>SEVERE</b> (potential end stage) from obesity-related chronic disease <b>-OR-</b></li> <li>• <b>SEVERE</b> disabling psychological symptoms <b>-OR-</b></li> <li>• <b>SEVERE</b> functional limitations</li> </ul>

## Patient Allocation

After assigning an EOSS score for your patient, you will be asked to enter your patient's contact information into the system. The required fields include:

- Full name,
- Address (including city and postal code), and
- Telephone number and type.

Optional fields include:

- A secondary telephone number and type for your patient,
- Your patient's email address, and
- Any additional comments that you might have.

The additional comments field is for short messages about your patient that will be forwarded as information only to the bariatric centre where your patient is assigned.

Based on your patient's postal code, he/she will be allocated to the closest bariatric treatment centre to him/her. This is to ensure that your patient will receive bariatric treatment as close to home as possible.

Currently, there are 9 bariatric treatment centres and 3 surgical only sites in the Province of Ontario. For a description of the different types of bariatric treatment centres, please refer to the Ontario Bariatric Network's website at <http://www.ontariobariatricnetwork.ca/our-centres>.

### Patient Consent

Once you have entered in all of your patient's contact information and your patient has been allocated to a bariatric centre (based on your patient's postal code), you will be asked to check a box that affirms that your patient consents to be referred to the selected bariatric program.

My patient consents to be referred to the **Bariatric Surgical Program**.

**PLEASE NOTE:** Patients who are being referred to the Pilot Metabolic Surgical Program at St. Joseph's Healthcare Hamilton (SJHH) must also consent to the following:

My patient is aware that he/she will need to assume the cost of travel and accommodation arrangements and expenses. 

Information on additional funding programs for patients from Northern Ontario is available by clicking on the  symbol at the end of this secondary consent, which triggers the following pop-up:

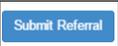
Northern Health Travel Grant (NHTG) Program.

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Regarding travel expenses for patients in Northern Ontario: You may be eligible for the Northern Health Travel Grant (NHTG) Program. For more information, please call 1-800-461-4006, or visit <http://www.health.gov.on.ca/en/public/publications/ohip/northern.aspx>

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## Submit Referral

Once complete, you will select the  button at the bottom of the page.

This will direct you to the following confirmation page:

### Bariatric Referral Form

You have successfully submitted the referral.

Referral ID #	002100043
Bariatric Program Type	Surgical Program
Centre Assignment	St Joseph's Healthcare Hamilton
Date Referral Submitted (yyyy-mm-dd)	2015-03-17
Patient Name	
Health Card #	No OHIP Number
Date of Birth (yyyy-mm-dd)	1982-01-01

[Save/Print Referral](#) [Save/Print Confirmation](#) [View Referral](#) [My Referrals](#)

[Exit](#)

From here, you have the option to:

- Save or print the entire referral,
- Save or print the referral confirmation page,
- To view the entire referral, or
- To navigate to “My Referrals”, which is a list of all the physician user’s referrals.