REFERRAL FORM

OCEANROCK WELLNESS

Charities House
25 Point Finger Road
Paget, DV 04 Bermuda

tel: (441) 295-5100
fax: (441) 295-5101
info@oceanrockwellness.com

REFERRING ORGANIZATION

NAME	CONTACT TEL	FAX
REFERRING PHYSICIAN	CONTACT E-MAIL	

PATIENT INFORMATION

LAST NAME	FIRST NAME	SEX M ❑ F ❑
DATE OF BIRTH (MM-DD-YYYY)	TEL (H)	TEL (W)
FAMILY PHYSICIAN	❑ check if same as referring physician	

REASON FOR REFERRAL

DR. AYESHA PEETS TALBOT,
MD, FAAP, DABIM, DABOM

- ❑ Internal Medicine/Obesity Medicine
- ❑ Pediatrics

BETH HOLLIS,
BHSC., MPT, CKTP

- ❑ Physiotherapy/Pain Management

DR. RENEE SIMONS,
PSY.D

- ❑ Psychology/Cognitive Behavioral Therapy

Optimal Healthy Weight Program

Customized 12 month program guided by a Bariatrician, and Exercise, Nutrition and Behavior Modification Specialists.

- ❑ Child: BMI ≥ 85 percentile for age
- ❑ Adult: ❑ BMI ≥ 30 OR ❑ BMI ≥ 25 with comorbidities
- ❑ Pre OR Post Bariatric Surgery Care
- ❑ Maternal Program: _____ weeks pregnant

MAIN DIAGNOSIS

TREATMENT AREAS

- ❑ CHRONIC DISEASE MANAGEMENT
- ❑ WEIGHT LOSS MANAGEMENT
- ❑ PHYSICAL FUNCTION/MOBILITY
- ❑ STRENGTH/RANGE OF MOTION
- ❑ CHRONIC PAIN MANAGEMENT
- ❑ EXERCISE TOLERANCE
- ❑ MENTAL HEALTH
- ❑ OTHER _____

OTHER CONDITIONS

- ❑ DIABETES
- ❑ HEART DISEASE
- ❑ ARTHRITIS
- ❑ CHRONIC PAIN
- ❑ FIBROMYALGIA
- ❑ OSTEOPOROSIS
- ❑ ASTHMA/COPD
- ❑ INFERTILITY
- ❑ OTHER _____

- ❑ AUTOIMMUNE DISORDER
- ❑ INFLAMMATORY SYNDROME
- ❑ FATIGUE SYNDROME
- ❑ RENAL DISEASE
- ❑ EPILEPSY
- ❑ DEPRESSION
- ❑ POLYCYSTIC OVARIES
- ❑ GESTATIONAL DIABETES
- ❑ OTHER _____

RELEVANT INVESTIGATIONS

E.G. BLOOD LABS, MARKERS, X-RAY, MRI

- ❑ Medication list attached ❑ Relevant labs attached ❑ Patient is aware of referral
- ❑ Follow-up appointment with patient scheduled, DATE (MM-DD-YYYY) _____
- ❑ Urgent appointment, please see within _____

NAME/TITLE (PRINT) _____ SIGNATURE _____