

Patient Details:

Name:	_____	Last Name:	_____
Date of Birth:	_____	OHIP Number:	_____
Address:	_____	Phone number:	_____
	_____	Email:	_____

Referral For:

- Lifestyle Medicine, Weight Loss, Menopause** - *Dr. Daniela Steyn, MD, FCFP, Dip ABLM* (Initial consult and CBT covered by OHIP with a referral)
- Naturopathic Doctor (Menopause Certified)** - *Dr. Julia Fountain, ND; Dr. Stephanie Matte, ND* (Covered by Private Insurance)
- Cognitive Behavioural Therapy (CBT)** -
 - **Registered Psychotherapist:** *Stephanie Tenhaeff, M.Psy, RP, BCC* - Private Insurance
 - *Dr. Ellie Mirchi / Dr. Eileen Alexander* - Covered by OHIP for NON-FHO family doctors
- Therapeutic Botox Treatments, PRP for Hair Growth** - *Dr. Alexandra Yudin, MD, CCFP*
(Initial consult covered by OHIP) Products are private-pay or covered by private insurance. Relief for chronic migraines, management of primary hyperhidrosis, and bruxism.

We also offer the following services, many of which are covered by private insurance:

- Registered Nutritionists and Health Coaching for Gut Health, Hormonal Balance. Experienced in - IBS, PCOS, Menopause & Weight-Loss
- Functional Medicine, Health Coaching, Mindset Coach, Integrative Pharmacist
- Life, Health & Wellness Coach
- Marriage Counselling
- Medical Grade Skincare
- Scar & Stretch Mark Removal Without Laser
- Acupuncture / Acne Treatment
- Minor surgical procedures - skin cancer monitoring; mole mapping

We are a team of 20 specialized health providers, including medical doctors, naturopathic doctors, health coaches, registered nutritionists, registered psychotherapists, an acupuncturist, registered nurses, a nurse practitioner, and a pharmacist, supporting what busy family practices don't always have time to address. We treat the root causes of chronic illness, hormonal imbalance, weight struggles, and menopause, improving long-term patient outcomes. Consider us a reliable, communicative partner in your patients' health journey.

Referred By:

Name:	_____	Billing Number:	_____
Phone Number:	_____	Fax Number:	_____
Signature:	_____	Date:	_____
Name of Family MD:	_____		

Is Family MD part of an FHO/FHN? Yes No

****For FHO Doctors:** Kindly let your patient know whether you would prefer to do their refills, or if you prefer to de-roster and have your patient follow up with Dr. Steyn for hormones/weight loss medicine **