Reset Pediatric
Lifestyle Medicine

PLEASE FAX REFERRALS TO
+1 416- 572-8745

RIKIN PATEL MD, MSC, FRCPC, FAAP & ASSOCIATES

REASON FOR REFERRAL :

- ☐ Abdominal pain
- ☐ Acne
- ☐ Anxiety
- ☐ Asthma
- ☐ Athletic performance
- ☐ Behavioural concerns
- ☐ Constipation
- ☐ Depression
- ☐ Digital addiction
- ☐ Dyslipidemia
- ☐ Dysmenorrhea/cramps
- ☐ Eczema/dry skin
- ☐ Fatigue
- ☐ Headaches
- ☐ Hypertension
- ☐ Obesity
- ☐ Plant based nutrition counselling
- ☐ Prenatal health (for parents-to-be)
- ☐ Sleep hygiene (infant/child/teen)
- ☐ Type 2 diabetes
- ☐ If other, please detail:

Relevant history and physical exam findings:

PATIENT REFERRAL			
NAME (FIRST/LAST)		SEX (M/F)	
DoB (mm/dd/yyyy)		HEALTH CARD #	
PHONE		ADDRESS	
EMAIL		POSTAL CODE	
REFERRING MD		BILLING #	
PHONE #		FAX #	

Please include relevant information, such as growth charts, lab reports, consultant reports, imaging reports, etc. All consult notes will be sent to your office via fax.

.....
MD Signature

www.resetpediatrics.com

Any Questions? Please email
info@resetpediatrics.com