



LEAF[®] RESEARCH AND PCOS

Phone: 613-701-1222
Fax: 613-701-1223
1980 Ogilvie Road, Ottawa, ON K1J 9L3
(Entrance is inside Loblaws by cash register 3)

Patient Identification

First Name: _____ Last Name: _____
Sex: _____ Date of Birth: _____
OHIP Number: _____ Version Code: _____

Patient Contact

Address: _____
City: _____ Phone (mobile): _____
Province: _____ Phone (home): _____
Postal Code: _____ Email: _____

Medical Information

Height: _____ m ft Weight: _____ lbs kg BMI: _____
PMH: _____
RX: _____
Glucose: _____ mmol/L A1C: _____ %
Cholesterol: _____ TG: _____ HDL: _____ LDL: _____ Non-HDL-cholesterol: _____
TSH: _____ mIU/L Creatinine: _____ umol/L eGFR: _____ ALT: _____ u/L

Reason for Referral/Referring Clinician

Reason: Weight Management Endocrinology Other: Interested in PCOS Program
Referring Clinician: _____ MD NP Postal Code: _____
Billing #: _____ Phone: _____
Address: _____ Fax: _____
City: _____ Signature: _____
Province: _____ Date: _____