LifestyleRx

Referral Form

- **Fax To: 1-877-735-0289**

Learn more at lifestylerx.com/refer

FAX 1-877-735-0289
PHONE 778-653-2427
contact@lifestylerx.com

PROGRAM

☐ Better Health Program
Our core program, with streams available for Type 2 Diabetes and other chronic conditions

☐ GLP-1 Companion Program
- ☐ I will prescribe and manage GLP-1 prescriptions (default if unchecked)
- ☐ I request that LifestyleRx prescribe/manage GLP-1 prescriptions including special authority and insurance paperwork for the duration of the patient's involvement with the program

INDICATION(S)

- ☐ Atherosclerosis (Includes: CAD, PVD, CVA, TIA)
- ☐ Atrial Fibrillation
- ☐ Dyslipidemia
- ☐ Excess Weight (BMI >30)
- ☐ Fatty Liver
- ☐ Heart Disease
- ☐ Hypertension
- ☐ Insulin Resistance
- ☐ Lymphedema
- ☐ Metabolic Syndrome
- ☐ Mild Cognitive Impairment
- ☐ Osteoarthritis
- ☐ PCOS
- ☐ Post GDM
- ☐ Prediabetes
- ☐ Type 2 Diabetes
- ☐ Other (please specify)

PATIENT INFORMATION

First Name	Last Name	Phone

PHN	Email Address (optional)

Additional Notes (optional)	Mailing Address (optional)

REFERRING PROVIDER INFORMATION

Provider Name	Billing #	Or affix stamp/label here

Signature	

Date	