

ODBAPA PSYCHIATRIC SALON
MARCH 25, 2025 (TORONTO)

(HYBRID)

- Speakers:** Dr Gaurav Mehta, FRCPC, Physician Leader Southlake Health
Dr Shweta Mehta, FRCPC, Consultant Metabolic Medicine, Southlake Health.
- Topic:** **Inter-professional collaboration to reduce cardiovascular risk in patients with serious mental illness**
- Time:** **Presentation: 7:00-8:30 p.m.; Q&A: 8:30-9:00 p.m.**

Learning Objectives: At the end of this session, participants will be able to:

1. Review factors leading to increased CVD risk in patients with serious mental illness (SMI)
2. Identify standardized risk assessment tools that may be used to help stratify CVD risk factors in SMI
3. Recognize the importance of inter-professional care model in managing CVD risk in SMI

Date/Time: **Tuesday, March 25, 2025, 7:00 - 9:00 p.m.**

Location: SIP Wine Bar Restaurant & Authentic Neapolitan Pizza
2 Broadway Avenue, Toronto, M4P 1T4
(Virtual option is also available)

Cost: **\$75.00 (see menu options below)**

This event is an accredited group learning activity (section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by the Canadian Psychiatric Association (CPA). You may claim a maximum of 2 hours (credits are automatically calculated).

The specific opinions and content of this event are not necessarily those of the CPA, and are the responsibility of the organizer(s) alone.

Please register for this event now by email at odbapa@rogers.com.

Send your payment by e-transfer to payments.odbapa@yahoo.com.

If you have any further questions, please contact us via Phone: (905) 441-2914,

Fax: (416) 416-352-1476 or email: odbapa@rogers.com.

Kind Regards,

Dr. Lily Van

Dr. Lily Van, Dr. Amina Ali, Dr. Gaurav Mehta, Dr. Kathy Margittai
CPD Committee, ODB/APA

Registration Form ODBAPA March 25, 2025, Psych Salon.

Name: _____

Membership Status: _____

Tel: _____ Email: _____

Meal Cost: (includes tax and tip)

Member \$75.00 _____ Non-Member (add \$10) _____

Resident (**FREE**) Year _____

Total Cost _____

MENU

APPETIZERS

FRIED CALAMARI, MISTA SALAD AND FOCACCIA

MAIN CHOICE (Please pick one)

MUSHROOM RISOTTO (Veg) _____

CHICKEN SCALOPPINE WITH VEGETABLES _____

Please note any food restrictions/allergies:
