



Haliburton Highlands Women's Clinic

P.O. Box 30 Minden, On K0M 2K0

(705) 286-2140 ext 3902

Fax: (705) 286-3146

## Haliburton Highlands Health Services Women's Clinic Referral Form

### Patient Information

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

DOB (dd/mm/yy): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of referral: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

PCP: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

PCP contact: \_\_\_\_\_

Version Code: \_\_\_\_\_

### Reason for Referral for Initial Consultation

**Urgency:**     Routine     Urgent

#### Problem Triggering Referral

<input type="checkbox"/> Abnormal Bleeding	<input type="checkbox"/> Pelvic Organ Prolapse	<input type="checkbox"/> Urinary Incontinence
<input type="checkbox"/> Birth Control	<input type="checkbox"/> Peri/Menopausal Symptoms	<input type="checkbox"/> Vulvar Assessment
<input type="checkbox"/> HPV Cervical Cancer Screening	<input type="checkbox"/> Post Menopausal Bleeding	
<input type="checkbox"/> IUD	<input type="checkbox"/> STI Testing	<input type="checkbox"/> Other – provide details

Additional Information related to Problem selected above

Brief Description of Allergies, History, Management, and Investigations

\*Please attach updated cumulative patient profile (CPP) and all Relevant laboratory and Diagnostic Investigations from last 6 months

### Referring Provider Information

Name:	Contact Number:
Title:	Billing Number:
Date:	Signature

#### Procedure List for HHHS Gynecology Clinic Office Use Only

<input type="checkbox"/> Per Dr. Mark at HHFT	<input type="checkbox"/> Endometrial Biopsy	<input type="checkbox"/> IUD Insertion & Removal	<input type="checkbox"/> STI Testing
<input type="checkbox"/> Cervical Biopsy	<input type="checkbox"/> HPV CCS	<input type="checkbox"/> IUD Removal	<input type="checkbox"/> Vulvar Biopsy
<input type="checkbox"/> Colposcopy	<input type="checkbox"/> Hysteroscopy	<input type="checkbox"/> LEEP	
<input type="checkbox"/> Endometrial Ablation	<input type="checkbox"/> IUD Insertion	<input type="checkbox"/> Repeat Colposcopy	