

Please complete all of the following information and fax to: (613) 548-1330

Referring Health Care Provider Information

HCP Name: _____
 Location: _____
 Phone: _____ *private / direct line*
 Fax: _____
 Email: _____

Patient Information *[include all available information]*

Patient Name: _____
 Hospital CR#: _____
 Phone: _____ *(work / home / cell)*
 Date of Birth: _____
or Patient's chart label/identifiers

Brief Reason for Referral *[Please continue to attach pertinent referral information, details & documents]*

Has your patient been seen by a gynaecologist in the past 2 years? Yes No
 If yes, Who: _____

Please check **Subspecialty Clinic** below *(if applicable and only one)*:

- | | | | |
|-----------------------------|--------------------------|---|--------------------------|
| Early Pregnancy Loss Clinic | <input type="checkbox"/> | Pediatric /Adolescent Gynaecology (& Adolescent Contraception) | <input type="checkbox"/> |
| Sexual Medicine | <input type="checkbox"/> | Incontinence / Prolapse (Urogynecology) | <input type="checkbox"/> |
| Vulvar Disorders | <input type="checkbox"/> | Infertility / Menopause (hormone therapy issues) (fax directly: 613-533-6779) | <input type="checkbox"/> |
| | | Challenging Contraception (fax directly to: 613-533-6779) | <input type="checkbox"/> |

** Note, in select cases, subspecialty referrals may get re-directed to General Gynaecology**

General Gynaecology

Your patient will be assigned a clinic date & Gynaecologist according to availability and priority (triage).

Would your patient be willing to be seen in Napanee? Yes No
 Would your patient be willing to see the Chief Resident (under Dr. J. Tessier's supervision)? Yes No

If you wish your patient to be referred to a *specific general gynaecologist, please provide name but recognize we rely on your judgement regarding the potential longer wait time. _____

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For Gynaecology office use only:

Triaging MD: _____
 Assign to Triaging MD _____ (initials)
 Could be seen by Generalist (as per opinion subspecialist)
 Chief Resident to consider Chief Resident Decision Y N

Check those applicable:

To be seen within: _____ weeks _____ months
 Or Next Available MD Date Triaged: _____
 Likely a surgical condition
 Or MAJ to consider for Napanee MAJ decision for Napanee Y N