

* Revised August 2017 *

** General Gynaecology Referrals ONLY - NOT to be used for Obstetrics, Oncology OR Colposcopy **

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: _____
HN Number: _____
Phone: _____ *(work / home / cell)*
Date of Birth: _____
or Patient's chart label/identifiers

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

| | |
|-----------------------------|---|
| Early Pregnancy Loss Clinic | Pediatric & Adolescent Gynaecology / Contraception |
| Sexual Medicine | Incontinence/Prolapse (Urogynecology) |
| Transgender | REI / Infertility / Menopause (hormone therapy issues) [Fax directly to: 613-533-6779] |
| Vulvar Disorders | Contraception [Fax directly to: 613-533-6779] |

- For more information in regards to Subspecialty Clinics, please refer to website: <http://obgyn.queensu.ca/referrals> -

* 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 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. _____

To process this referral, a **Referral Letter** with the following documentation is required:

All relevant Diagnostic Results (ex. PAP, swabs, bloodwork/Hgb, imaging)
Other specialists' reports involved in this patient's care

For Gynaecology office use only: Could be seen by Generalist (as per opinion subspecialist)

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