

* Revised February 2021 *

** 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	Patient Information [include all available information]	
HCP Name:	Patient Name:	
Location:	HN Number:	
Phone: private / direct line	Phone:	(work / home / cell)
Fax:	Date of Birth:	
Email:	or Patient's chart label / identifiers	
Subspecialty Clinic - Please check below (if app	licable and only one):	
Early Pregnancy Loss Clinic	Pediatric & Adolescent Gynaecology / Contraception)	
Sexual Medicine	☐ Incontinence / Prolapse (Urogynecology)	
Transgender	REI / Infertility / Menopause (hormone therapy issues)	
☐ Vulvar Disorders	Contraception	
* Note, in select cases, subspecialty re	eferrals may get re-directe	ed to General Gynaecology*
Your patient will be assigned a clinic date & G	ynaecologist according	to availability and priority (triage).
Would your patient be willing to be seen in Napanee?		Yes No
Nould your patient be willing to see the Chief Resident?		
If you wish your patient to be referred to a specific we rely on your judgement regarding the potential		ease provide name but recognize
To process this referral, a Referral Letter with	the following document	tation is required:
All relevant Diagnostic Results (ex. PAP, s Other specialists' reports involved in this p		naging)
For Gynaecology office use only: Could be seen by Go	eneralist (as per opinion subsp	ecialist)

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