



Ajax Women's Health Clinic Referral Form

- This form is not mandatory but meant to be an aid in making referrals
- Please attach the patient's clinical history and medication list if possible.
- Please check of which box(es) are applicable and add a brief history as helpful to the consult/triaging
- If patient's wish for same day insertion of the IUD/Nexplanon, they can purchase it from our clinic at the time of their initial consult, though they **must** avoid any unprotected intercourse for at least 2 weeks prior to their appointment
- *Please note we do not see patients for suspicious ovarian cysts, endometrial polyps or colposcopy- please refer to surgical gynecology/colposcopy for these issues*

<i>Patient name:</i> <i>Patient Contact information (including HCN & DOB):</i>	<i>Referring Doctor:</i> <i>Ref Doctor Contact information (incl. OHIP number):</i>
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☐ I am a member of a FHO/FHT (please check off if you are a FHO/FHT)

Please check which box(es) apply:

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|--|--|
| ☐ Pap test | ☐ Menorrhagia/dysmenorrhea |
| ☐ Contraception counseling | ☐ Irregular menstrual periods |
| ☐ IUD counseling and insertion | ☐ Vulvar skin conditions (itch, irritation) |
| ☐ IUD insertion only , patient has been counseled and given a prescription | ☐ Vulvar lesion |
| ☐ Subdermal arm implant counseling and insertion | ☐ Vulvodynia and dyspareunia |
| ☐ Subdermal implant insertion only , patient has been given a prescription | ☐ Recurrent vaginitis, yeast infections |
| ☐ Medical Abortion | ☐ Postmenopausal bleeding |
| ☐ Other: _____ | ☐ Menopausal symptoms |

Clinical History (if applicable):

Please fax the form to 905-619-1915

We can also be reached by:

Phone: 416-350-1944

Email: info@ajaxwomenshealth.com

Address: 279 Kingston Rd E Unit 5 (inside Med Value Pharmacy and Medical Clinic)