Sinai Health | Mount Sinai Hospital
Joseph & Wolf Lebovic Health Complex

Women's Health Procedures Clinic
Mount Sinai Academic Family Health Team
60 Murray Street 4th Floor, Toronto
Phone: 416-586-5159 **Fax: 416-586-3175**

REFERRAL FORM

Patient's name:		**Date of birth (DD/MM/YYYY):**
Patient's email (mandatory):	**Patient's telephone #:**	**Health Card #:**
Patient's address:		

Referral for:

- ☐ IUD Insertion (Copper / Progesterone)
- ☐ IUD Removal
- ☐ Etonogestrol Implant Insertion
- ☐ Etonogestrol Implant Removal
- ☐ Endometrial Biopsy

Date of last pap: _____

Relevant Clinical History:

Past Medical History:

Current Medications and Allergies:

Referring Physician: _____ **Date:** _____

Physician Billing Number: _____

Telephone Number: _____ **Fax Number:** _____

Notes for referring MD:

1. Please provide your patient with a prescription for Nexplanon or the IUD.
2. Please advise the patient to bring the device/implant to their Women's Health Clinic appointment.
3. Please ask the patient to take 400mg of ibuprofen 1-2 hours before their scheduled appointment time (if no contraindications).
4. Note that any abnormal laboratory results will be communicated directly to the referring physician to ensure that an appropriate follow up plan is in place.
5. For referring providers in a FHO model: Please note that your completion of this referral request allows the Women's Health Clinic physician to use a billing code that will not negatively impact your outside use.