

Primary Care Sexual Health Clinic Referral Form

NEW E-referrals can now be done via Ocean

Patient information		
First and Last name		
Address		
Phone number		
Email (If complete, will use to communicate with patient)		
Date of Birth (DD/MM/YY)		
Gender Identity		
Health Card Number		
Language spoken (if not English)		
Provider information		
Name & position		Stamp:
Phone number		
Fax number		
Please indicate if you are part of a FHT/FHO clinic: Yes No		

* **Please note: HFAFHT PCSHC not an emergency service.** If the patient requires immediate support, please advise them to go to the nearest emergency room, to call 9-1-1 or to call Telehealth Ontario 1-866-797-0000.

Please select all that apply	Service information and Eligibility criteria on reverse.
Service	Relevant information
<input type="checkbox"/> Cervical Cancer screening/ PAP Smear	Last known pap _____ History of abnormal in pap Y/N Other _____
<input type="checkbox"/> Pessary	Type of prolapse _____ Stress Incontinence Y/N Post menopausal Y/N If yes, currently using vaginal estrogen Y/N *If not currently on estrogen, please have patient start 2 weeks prior to pessary appointment if no contraindications. Vagifem suggested. Sexually Active Y/N
<input type="checkbox"/> IUD insertion	Reason for insertion: Provider able to complete 6 week follow up Y/N

Please forward any relevant clinic information.

Service	Information	Eligibility
PAP	Referring provider is responsible for any follow up care based on exam and PAP results.	25-69 years. Due for cervical cancer screening as per Ontario guidelines. Referring provider or patient needs to be in Eastern York Region.
Pessary	Program includes initial consultation and fitting and on-going follow up care every 3-6 months. \$95 fee will be charged to patient to cover cost of pessary. Patient can be taught self care. Follow up appointments will be conducted by our NP team.	Known or suspected vaginal prolapse (cystocele/rectocele/apical). Stress incontinence
IUD	Program includes 2-3 appointments. <ol style="list-style-type: none"> 1. Counselling and prescription 2. Insertion 3. 6 week follow up if provider unable to complete. 	Will be determined during counselling appointment.