

REFERRAL FORM

Date of referral: _____

Patient Name: _____	New Patient <input type="checkbox"/>	Re-referral <input type="checkbox"/>
Address: _____	Phone Number: _____	
Date of Birth: _____ (DD/MM/YYYY) Healthcard: _____		
Email (Required): _____ <input type="checkbox"/> Consent to contact by email		
Is patient fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Language Required _____		

Referring Care Provider
 Name: _____
 GP Specialist Other _____
 Phone: _____ Fax: _____
 Billing#: _____

Primary Care Provider (if different from referring)
 Name: _____

Who agrees to continue/share care? **Referring Care Provider** **Primary Care Provider**

Inclusion Criteria

Please select referral reason: (Check all that apply)

- Endometriosis ➔ Surgical diagnosis Imaging diagnosis Clinical diagnosis
- Adenomyosis
- Fibroid(s)
- Abnormal Uterine Bleeding
- Persistent Pelvic Pain: unresponsive to first line management
 - Must have been assessed by a Gynecologist in **last 3 years** for this problem & **consult letter must be included with referral.**
- Diagnostic assessment **ONLY:** Clinical assessment PLUS advanced ultrasound techniques
- Other _____

Treatments tried: (Check all that apply) OCP Progestin IUD GnRH analogue Surgery Diet therapy
 Pelvic floor physiotherapy Pain psychology Osteopathy Acupuncture

Urgent Referral – Provide details: _____
 Other relevant information: _____

Trying to conceive now?

Please include all relevant information - imaging reports, surgical reports, pathology reports, previous consultations.

Exclusion criteria

- | | |
|--|---|
| <ul style="list-style-type: none"> Vestibulitis/vulvodynia/introital dyspareunia only Pregnant/Postpartum < 6 months Unstable or Untreated Psychiatric issues Urology-gynecology (mesh, tape complications, prolapse) | <ul style="list-style-type: none"> Neuropathic pain only Currently Myofascial/back pain only Untreated/ongoing substance abuse/addiction |
|--|---|

*****NOTE*** Patient will not be triaged until ALL information regarding previous investigations is received. Patients accepted to the clinic will be contacted directly by our office****

*****NOTE*** In most cases, if this referral is from outside the LHIN area, we will only be able to consult to provide the referring physician with a suggested treatment plan.**