Maple Women's Health Clinic

1051 Markham Rd, Scarborough ON M1H 2Y5
Phone: 647-697-1000 | website: www.maplewomenshealth.com

Please fax referral from to 437-294-5443

Patient name: _____
Address: _____
DOB: _____
Health card number and version code: _____
Phone: _____ Email: _____

Reason for referral (please check all boxes that apply):

- ☐ HPV cervical screening / PAP test
- ☐ IUD counselling and insertion*
- ☐ IUD removal
- ☐ Implant (Nexplanon) counselling and insertion*
- ☐ Implant (Nexplanon) removal
- ☐ Irregular menstrual periods
- ☐ Menorrhagia/dysmenorrhea
- ☐ Post menopausal bleeding (including endometrial biopsies)
- ☐ Peri/Menopausal symptoms
- ☐ Vulvydynia and dyspareunia
- ☐ Contraception counselling
- ☐ Medical termination of pregnancy (up to 9 weeks)
- ☐ Early prenatal care (up to 12 weeks)
- ☐ Other: _____

Note: We do not see patients for suspicious ovarian cysts, endometrial polyps or colposcopy- please refer to surgical gynecology/colposcopy for these issues

**same day insertions possible if the patient has been counseled and given a prescription.*
*If a patient wishes for same day insertion of the IUD/Nexplanon, they **must** avoid any unprotected intercourse for at least 2 weeks prior to their appointment.*

Clinical information (clinical history, medications, allergies and other information that would be helpful to us):

Please attach relevant blood work, ultrasound and any other labs.

Referring doctor information (include, contact information, ohip number):

Doctors Name-	**OHIP No-**
Phone-	**Fax-**

☐ **Click here if FHO/FHT to avoid negation**