

Patient Demographic Information

Last Name:
 First Name:
 PHN:
 DoB (mm/dd/yyyy):
 Home Phone:
 Cell Phone:
 Email:
 Mailing Address:
 City: Postal Code:

Referring Provider Information

Provider Name:
 MSP #:
 Clinic Name:
 Clinic Address:
 Clinic Phone:
 Clinic Fax:
 Referral Date (mm/dd/yyyy):

GP Name (if not referring provider):

Referral Pathway

Refer to the first available specialist Refer to specific specialist _____

* Please see <http://fullcircleclinic.ca/providers> for a list of providers and clinical services

Reason for Referral (check appropriate box below)

URGENT GYNECOLOGY CLINIC

- anemia with hemoglobin <100
- adnexal mass with acute pain
- Bartholin's abscess with acute pain
- malignancy concern
- postmenopausal bleeding
- other _____

SEXUAL HEALTH CLINIC

- dyspareunia
- libido dysfunction/mismatch
- orgasm/ejaculation dysfunction
- erectile dysfunction
- porn habituation
- other _____

GENERAL GYNECOLOGY CLINIC

- abnormal uterine bleeding
- adnexal mass
- Bartholin's cyst
- cervical polyp/abnormal cervix
- menopausal symptoms
- pelvic pain
- urinary tract symptoms
- uterine fibroids
- vaginitis
- vulvar abnormality/symptoms
- other _____

PROLAPSE CLINIC

- pelvic organ prolapse
- pessary fitting/maintenance

EARLY PREGNANCY CLINIC

- 1st trimester ultrasound surveillance
- pregnancy loss management
- ectopic pregnancy management

REPRODUCTION/PERINATAL CLINIC

- preconception counseling
- recurrent pregnancy loss
- infertility
- other _____

CONTRACEPTION/PAP CLINIC

- IUD/Nexplanon insertion/removal
- surgical contraception
- cervical cancer screening/PAP

**PLEASE ATTACH IMAGING REPORTS, MOST RECENT PAP RESULTS, AND RELEVANT LAB TESTS.
 INCOMPLETE REFERRAL FORMS AND THOSE LACKING SUPPORTING DOCUMENTATION WILL RESULT IN A DELAY IN PROCESSING.**

Additional Information

IMPORTANT

Fillable forms are available on pathwaysbc.ca | Fax patient referrals **individually**, not as a batch containing multiple patient referrals. We will fax a confirmation of receipt within **14 days**.