YXE Women's Health

200 15 - 23rd Street East Saskatoon SK S7K 0H6
Phone 306 954 9939 Fax 306 954 9940

YXE Women's Health

PATIENT INFORMATION:	Last Name:		First Name:
Date of Birth:	Address:		
City:	Prov:	PC:	HSN:
Home Phone:	Work Phone:		Cell Phone:

REFERRING PRACTITIONER & CLINIC INFORMATION:

- ☐ Family Doctor
- ☐ Nurse Practitioner
- ☐ Specialist
- ☐ Midwife

Name:
Address:

Phone:
Fax:

REFERRAL TO:

☐ Next Available Obstetrician Gynecologist (Except Dr.________________)

☐ Specific Dr. ________________

REASON FOR REFERRAL: *CHECK MOST URGENT REASON AND INCLUDE RELEVANT DOCUMENTATION - DIAGNOSTIC LABS OR IMAGING, PRENATAL RECORDS, CONSULTS, INTERVENTIONS AND REFERRAL LETTER.*

ALL OBSTETRICAL REFERRALS REQUIRE EDD: DD-MMM-YYYY

Prenatal Care	☐ Low Risk (Shared Care)	☐ Low Risk (Transfer of Obstetrical Care)
High Risk Obstetrics	☐ Pre-conceptual Counseling	☐ Hypertension
	☐ Twins	☐ Gestational Diabetes
	☐ Triplets or more	☐ Pre-Existing Diabetes
	☐ Abnormal Fetal Presentation	☐ HIV Pregnancy
	☐ Abnormal Serum Screen	☐ Trial of Labour After C-Section
	☐ Congenital Anomalies	☐ Nuchal Translucency
	☐ Substance Abuse in Pregnancy Specify	☐ Small/Large Fetus
	☐ Medical Disease in Pregnancy Specify:	☐ Obstetric Other Specify:
Urgent Gynecology	☐ Abnormal Pap / Colposcopy	☐ Infertility (>35 Years of Age)
	☐ Abnormal Ultrasound/Pelvic Mass/Large Fibroids	☐ Menorrhagia with Anemia Hb <100
	☐ Concerning Vulvar/Vaginal/Cervical Lesion	☐ Post-Menopausal Bleeding
	☐ Highly Suspicious For Cancer	☐ Request For Termination of Pregnancy
	☐ First Trimester Bleeding/Possible Ectopic	☐ Severe Prolapse
	☐ Urgent Other Specify:	
Elective Gynecology	☐ Contraceptive Advice/Sterilization	☐ Pediatric Gynecology
	☐ Heavy/Painful/Irregular Periods	☐ Pelvic Pain/Dyspareunia
	☐ Infertility Age:	☐ Urinary Incontinence/Vaginal Prolapse/Other bladder concerns
	☐ Menopausal /Sexual Complaints/Premenstrual Syndrome	☐ Vaginal Discharge/Vulvar Complaints
	☐ Tubal Ligation Reversal	☐ Other Specify:

For emergency consultations please contact the on-call physician 306 655 1000

NOTES:

Referral Information: Patients referred to YXE Women's Health will receive the next available appointment with a specialist able to manage and treat the referring condition. If our office cannot provide the service required, we will forward the referral to a provider who can. Please call our office if you have any questions.

Physician Signature:	Date: 19-Dec-2017
Redirecting Specialist: ☐ Pooled ☐ Specific Dr.________________	Date: