

**ATTN FHO PHYSICIANS:** our Medical Directors will personally triage referrals from FHO physicians. If indicated on our referral form (box below), FHO-enrolled patients will be booked with one of our physicians with a Focused Practice Designation, which will **avoid negation**. Please note, this may cause longer wait time for your patients.

Patient's Name: \_\_\_\_\_  
 Health card Number: \_\_\_\_\_  
 Date of Birth : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Information: \_\_\_\_\_  
 ( Attach Patient label here)

Referring Physician / NP : \_\_\_\_\_  
 Billing Number : \_\_\_\_\_  
 Fax: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of Referral : \_\_\_\_\_  
 Please check this box if this patient is rostered to a FHO/FHT. We will aim to have appointments booked with a Physician with focused practice designation but this may affect wait times.  
 Signature : \_\_\_\_\_

List of Medications: \_\_\_\_\_  
 \_\_\_\_\_  
 Please Indicate Urgency:  
 Very Urgent (2 Weeks)  Urgent (6 Weeks)  Routine (2-3 Months)

Significant Past Medical History : \_\_\_\_\_  
 \_\_\_\_\_  
 CPP attached

**Reason For Referral**

**Birth Control:**

- Birth control options counselling
- IUD Consult and Insertion - 2 different appointments
- IUD Insertion only  Difficult Insertion  
By selecting this option, you indicate the patient has been appropriately counselled and will bring their IUD to the appointment
- IUD Removal  Difficult Removal

Type of IUD : \_\_\_\_\_  
 \_\_\_\_\_  
 We Prefer Mona Lisa 5 year standard copper IUDs if copper

- Nexplanon Consult and Insertion - 2 different appointments
- Nexplanon Insertion only  
By selecting this option, you indicate the patient has been appropriately counselled and will bring their device to the appointment
- Nexplanon Removal

**Abortion:**

- Medication Abortion - Mifegymiso script and follow up 3 different appointments
- Other:** \_\_\_\_\_

**Menopause/Women's Issues:**

- Perimenopausal/Postmenopausal abnormal uterine bleeding requiring endometrial biopsy
- Abnormal uterine bleeding/thickened endometrium on pelvic U/S
- Vulvar skin conditions requiring biopsy  
Please write your differential \_\_\_\_\_
- Physical symptoms of menopause with the following indication for HRT:  Vasomotor Sx  GU Sx  Bone protection  
 Please confirm no C/I including no Hx of VTE/CVD
- Low libido (post-menopausal, discuss testosterone therapy)
- Dyspareunia (any age)

**Sexual Health:**

- STI testing Multi-Site testing as indicated, lab on site
- STI Management for positive result  
Please note we do not treat HIV infections, please refer to HHS SIS clinic
- PReP counselling and prescription
- PAP Test - For age >25 no other concerns  
 Routine  
 Repeat Last Pap Result: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that certain referrals are inappropriate for our service. We are unable to assist with chronic pelvic pain, endometriosis, adenomyosis, ovarian cysts, pelvic organ prolapse, and pessary fitting.

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**Thank you for your referral. We will contact patients directly with their appointment details.**