Hamilton Birth Control & Sexual Health Clinic

Hamiltonbirthcontrolclinic.ca
Please Fax Referrals to
(289) 919 - 2505

Patient's Name: _____
Health Card Number: _____
Date of Birth: _____
Address: _____
_____
Phone Number: _____
Can a message be left at this number? ☐ No ☐ Yes
Can we use email for communication? ☐ No ☐ Yes
If yes, email: _____
Preferred Language: ☐English ☐Other: _____
Is an Interpreter Required? ☐ No ☐ Yes
Preferred Name (if differs): _____
Gender/Pronouns: _____

Referring Physician / NP: _____
Specialty: _____
Billing Number: _____
Phone: _____ Fax: _____
Date of Referral: _____
Signature: _____

☐ **Check if Patient is Rostered to a FHO/FHN**

We are a group of FAMILY PHYSICIANS providing specialized care. Our medical directors will personally triage referrals from FHO physicians. If indicated above, FHO-enrolled patients will be booked with one of our physicians with a GP focused practice designation, which will avoid negation. *Please note, this may cause longer wait times for your patient.*

Patient CPP (Cumulative Patient Profile) is Required ☐ Confirm CPP is Attached

☐ Very Urgent (2 weeks) ☐ Urgent (6 weeks) ☐ Routine (2-3 months)	If Very Urgent or Urgent, Please Provide Rationale:

Pain Management: we offer evidence-based oral analgesics, regional anesthesia via para- and intracervical blocks, and inhaled methoxyflurane (Penthrox™) as indicated. Conscious sedation and general anesthesia are not available.

Reason for Referral	**If referring for unrelated concerns on the same form, each issue will be considered a separate referral. Alternatively, please submit a separate referral form for each issue.**
Birth Control	☐ Birth Control Options Counselling ☐ IUD Consult and Insertion/Replacement – 2 different appointments **NEW**: Our clinic requires a separate counselling visit first, to ensure best IUD selection and pain management plan for each patient (*exception: re-referral for low-lying/expelled IUD*). ☐ Difficult IUD Insertion – Details: _____ ☐ IUD Removal ☐ Difficult IUD Removal – Type of IUD: _____ Details: _____ ☐ Nexplanon Consult and Insertion – 2 different appointments ☐ Nexplanon Insertion Only* **By selecting this option, you indicate the patient has been counselled on risks and benefits, and will bring their device to the appointment* ☐ Nexplanon Replacement Only (Removal + Insertion)* ☐ Nexplanon Removal – ☐ easy to palpate ☐ difficult to palpate **NEW: Check if there is need for counselling visit to be conducted virtually** ☐ No ☐ Yes
Termination of Pregnancy	☐ Medication Abortion - mifepristone/misoprostol prescription & follow up – 2 to 3 appointments LMP: _____ (we can see patients <10 weeks gestational age)

Menopause/Gyne Issues:	**FHO/FHN providers may request one-time consultation with recommendations to implement, OR temporarily deroster to allow follow-up care.** **Note: biopsies require follow-up for results, and tray fees for procedures may negate.**
Perimenopause/ Menopause ☐ 1-time consult ☐ Allow follow-up	☐ Menopause Hormone Therapy for Symptoms of (Peri-)Menopause Patient's specific concerns: _____ We Request the Following to Aid in the Consultation: last mammo, Pap/HPV test, and BMD; blood work within last 12 months (CBC, A1c, lipids, TSH); TVUS if available ☐ Confirm attached
	☐ Abnormal Uterine Bleeding or Thickened Endometrium on U/S ☐ Confirm U/S attached Risk Factors for Endometrial Ca? ☐ No ☐ Yes: _____ (https://cancer.ca/en/cancer-information/cancer-types/uterine/risks) **Endometrial biopsy performed PRN** ☐ Check to request pre-Bx virtual pain management consult
Gynecological Issues ☐ 1-time consult ☐ Allow follow-up	☐ Fibroids (medical management only) ☐ Low Libido (peri- and postmenopause only) ☐ Vulvar Skin Conditions (biopsy performed PRN): - DDx: _____ ☐ Recurrent Vulvovaginitis ☐ Dyspareunia ☐ Vulvodynia ☐ Chronic Pelvic Pain related to Endometriosis, Adenomyosis (medical management only) ☐ Polycystic Ovarian Syndrome (diagnosis and medical management only)
Sexual Health	☐ STI testing: Multi-site testing as indicated, lab on site ☐ STI (incl. HPV) Management – ☐ Confirm result attached (for HIV Tx, refer to HHS SIS Clinic) ☐ HIV PReP initiation only ☐ HIV PReP initiation and ongoing management ☐ HPV Test - For age 25 to 69 years: ☐ Routine ☐ Repeat Last Pap/HPV Result: _____ Date: _____ ☐ Confirm Report Attached ☐ Check if patient is immunocompromised (HIV/AIDS, SLE, primary immunodeficiency, organ transplant recipient, long-term immunosuppressive therapy)
Gender-Affirming Care	☐ Confirm Patient is 18 years of age or older **FHO/FHN providers may choose to temporarily deroster due to the length and intensity of visits, until care is complete (~ 6 visits over 1 year).**

Please Note - certain referrals are inappropriate for our service. We are unable to assist with fertility concerns, ovarian cysts, pelvic organ prolapse, pessary fitting, HIV treatment, gender-affirming care for those under age 18, surgical management, or procedures under GA.

Avoid Delays - incomplete referrals will be sent back for clarification. Ensure all necessary information and documents, as specified by referral type, are included with your referral.

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

Date and Time of Appointment (In office use only) DATE: _____ TIME: _____	◯ Patient Notified ◯ Unable to contact patient (2 attempts)
Unit 262 - 2 King Street, West. Hamilton, ON L8P 1A1 PHONE: (289) 225 - 4322 FAX: (289) 919 – 2505 HBCC@jacksonsquaremed.ca	Located inside: JACKSONSQUARE MEDICAL CENTRE