

# SAFER SIX

Toronto's Inclusive Health Clinic

SEXUAL HEALTH | MENTAL HEALTH | PHYSICAL HEALTH

# REFERRAL FORM

Please fax all referrals to:

647-417-7044

[www.safersix.ca](http://www.safersix.ca)

- 27 Roncesvalles Avenue (Parkdale), Toronto
- 26 Dalhousie Street (Downtown), Toronto
- No Preference (Next Available)

Patient's Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Health Card #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Is patient rostered to FHO?  YES  NO

*(Patients for gender affirming care will need to be derostered for ongoing care with us)*

Date: \_\_\_\_\_

Referring Physician/NP: \_\_\_\_\_

Billing Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Requested Physician:

- Next Available
- Dr. Andrew Bennett
- Dr. Natalie Blyzniuk
- Dr. Sara Pentlicky, GYN
- Dr. Chalani Ranasinghe
- Dr. Lydia Reynolds-Royer
- Dr. Michelle Roseman
- Dr. Daseul "Dee" Shin

## REASON FOR REFERRAL:

Abnormal Uterine Bleeding / Irregular Period Management

Anoscopy Reason for Anoscopy \_\_\_\_\_

Complex Contraception / Birth Control (multiple medical comorbidities, etc)

Gender Affirming Care - Hormone Start/Maintenance (age 18+)

Gender Affirming Care - Surgical Assessment \_\_\_ First Assessment \_\_\_ Second Assessment

(If referring for second assessment, please send detailed patient notes and first assessment form with referral)

Patient's desired procedure: \_\_\_\_\_

Genital Warts Treatment (Cryotherapy) \_\_\_ First Treatment \_\_\_ Follow Up Treatment

HIV Pre-Exposure Prophylaxis (PrEP)

HPV Screening/Pap Test Last Pap Test: \_\_\_\_\_. If previous abnormal(s), please fax results.

IUD Consultation / Insertion (patient will return on a different day for insertion after consult)

IUD Removal (this option is only for removal of IUD, not a replacement).

If removal has already been attempted but unsuccessful, please forward details and copy of pelvic ultrasound

IUD Replacement (Removal & Insertion) - Please make sure patient brings device to appointment

Medical Abortion (up to 10 weeks gestation) LMP: \_\_\_\_\_

Menopause or Perimenopause Consultation/Follow Up (Dr Dee Shin - 26 Dalhousie Location only)

Nexplanon Consultation / Insertion (patient will return on a different day for insertion)

Nexplanon Removal (if Nexplanon not palpable or visible, please advise)

PCOS (Polycystic Ovarian Syndrome)

STI Testing (including oral/rectal/vaginal swabs as indicated)

STI Treatment \_\_ Chlamydia \_\_ Gonorrhea \_\_ Syphilis \_\_ Other:

Please send patient's CPP with referral. We will return any incomplete referral forms which will result in delay.

Thank you for your referral and we will contact patient directly with appointment details when available.

For physicians within a FHO/FHT, please note that in-basket procedure codes may result in negation to rostered patient.