

SAFER SIX

Toronto's Inclusive Health Clinic

SEXUAL HEALTH | MENTAL HEALTH | PHYSICAL HEALTH

www.safersix.ca

REFERRAL FORM

Please fax all referrals to:

647-417-7044

27 Roncesvalles Avenue (Parkdale), Toronto

26 Dalhousie Street (Downtown), Toronto

Patient's Name: _____

Preferred Name: _____

Date of Birth: _____

Health Card #: _____

E-mail Address: _____

Phone: _____

Address: _____

Date: _____

Referring Physician/NP: _____

Billing Number: _____

Phone: _____

Fax: _____

Signature: _____

Requested Physician: _____

(Please note that not all services provided by all physicians)

Next Available | | Dr. Chalani Ranasinghe

Dr Andrew Bennett | | Dr. Lydia Reynolds-Royer

Dr. Natalie Blysiuk Dr. Michelle Roseman

REASON FOR REFERRAL:

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

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

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

Medical Abortion (up to 10 weeks gestation) LMP: _____

Genital Warts Treatment (Cryotherapy) First Treatment Follow Up Treatment

Anoscopy Reason for Anoscopy: _____

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

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

STI Treatment
Chlamydia Gonorrhea Syphilis Other: _____

HIV Pre-Exposure Prophylaxis (PrEP)

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: _____

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.