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Obstetrics & Gynecology **1275 Finch Ave West, Suite 107** **Phone: (647) 341-0281**
Minimally Invasive Surgery **Toronto, Ontario M5A 0M4** **Fax: (647) 361-0451**
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For referral forms: www.obgyngracey.com

GENERAL OBSTETRICS/GYNECOLGY REFERRAL FORM

Patient Information (or affix label)

First Name: _____
Last Name: _____
DOB (DD/MM/YY): _____/_____/_____
Address: _____
_____
Home #: (_____)_____
Cell #: (_____)_____
Health Card #:_____VC: _____ Expiry: ____

Referral Date (DD/MM/YY): ____/____/_____

Referral instructions:

1. Fax this referral form to **(647) 361-0451**
2. Include copies of all appropriate test results
3. Office will return a fax to the referring provider with patient appointment time

OBSTETRICS	GYNECOLOGY
☐ Complete Prenatal Care	☐ Minimally invasive surgery (laparoscopy, hysteroscopy, vaginal surgery)
☐ Shared Prenatal Care	☐ Menstrual Bleeding Disorder (menorrhagia, abnormal uterine bleeding, irregular menses)
☐ Consult only	☐ Post menopausal bleeding
LMP (DD/MM/YY): / /	☐ Ovarian/adnexal mass/cyst
EDC (DD/MM/YY): / /	☐ Polyp (endometrial/cervical)
Gestational age: (weeks)	☐ Fibroids
Please attach (if relevant):	☐ Pelvic pain/Endometriosis
☐ **Antenatal I & II**	☐ Incontinence/Prolapse (Urogynecology)
☐ **Prenatal labs (Hep B, HIV, Rubella, Syphilis, CBC, Group and Screen, TSH)**	☐ Colposcopy (abnormal pap, condyloma, vulvar/cervical lesion)
☐ **Urine C&S**	☐ Vulvar/Vaginal disorder
☐ **Pap smear**	☐ Contraception
☐ **Swabs**	☐ Pediatric & Adolescent Gynecology
☐ **Prenatal screening (IPS/MSS/FTS/NIPT)**	☐ Infertility/Miscarriage
☐ **Ultrasound or sonohysterography**	☐ Menopause/Hormone disorder
☐ **Relevant labs/consults/OR/imaging**	☐ Sexual medicine
☐ **Medication history**	☐ Other:

Clinical History & Past History:

Referring Provider Information (or affix stamp):

Provider Name: _____ Address: _____
Billing #: _____ _____
Fax: ( ) _____ _____
Phone: ( ) _____ _____

To be completed by Office Staff: □ Appt scheduled: _____(Date) _____ (Time)

Please fax completed referral form to (647)361-0451.