

Complex Contraception Clinic

BC Women's Hospital
 Phone (604) 875-2592
 Fax (604) 875-3136

**BC WOMEN'S
 HOSPITAL+
 HEALTH CENTRE**
 Provincial Health Services Authority



Appointment will be given directly to the patient

Date: _____

Name <i>(first and last)</i>		Referral from: <input type="checkbox"/> BCW Assessment Room <input type="checkbox"/> GP/ Midwife Office/NP <input type="checkbox"/> OB/GYN Office <input type="checkbox"/> ED <input type="checkbox"/> Fertility Centre <input type="checkbox"/> Other _____
Phone Number	Work	
Home	Cell	
Address		Referring provider name: _____ Billing # : _____ CC: _____ CC: _____
City/ Town & Postal Code		
Date of Birth <i>(day/month/year)</i>	PHN	
Out of country/province <input type="checkbox"/> No <input type="checkbox"/> Yes	Interpreter required <input type="checkbox"/> No <input type="checkbox"/> Yes	
Valid MSP <input type="checkbox"/> No <input type="checkbox"/> Yes	Interpreter booked <input type="checkbox"/> No <input type="checkbox"/> Yes	
Private pay <input type="checkbox"/> No <input type="checkbox"/> Yes	Language spoken _____	

Reason for Referral:

Please indicate at least one of the following:

- ≥ 1 Absolute or Relative Contraindication to hormonal and/or non-hormonal contraception
 - Please list contraindication: _____
- Current malpositioned IUD
- Previous difficult IUD insertion
- Difficult IUD removal
- Contraceptive Implant Removal

Relevant History:

Please note that all patients will be triaged and receive an initial consultation with a gynecologist. Follow-up will be booked as required.

****OUR CLINIC DOES NOT OFFER SAME-DAY IUD INSERTION UNLESS PATIENT BRINGS IUD TO INITIAL VISIT**.**

Special Considerations:

- MRSA Positive? No Yes
- Does the patient have a disability? No Yes Nature of Disability: _____
- Does the patient have transfer requirements? No Self Board Requires lift
- If yes, will an attendant accompany the patient? No Yes *(this is advised if require help transferring)*

Done	Not Done	Send copies of the following if available:
<input type="checkbox"/>	<input type="checkbox"/>	Consultation(s)
<input type="checkbox"/>	<input type="checkbox"/>	Ultrasounds
<input type="checkbox"/>	<input type="checkbox"/>	Laboratory results

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