

**Complex Contraception Clinic**

BC Women's Hospital  
Phone (604) 875-3137  
Fax (604) 875-3136



**Appointment will be given directly to the patient**

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

Name:		<b>Referral from:</b> <input type="checkbox"/> BCW Urgent Care Centre <input type="checkbox"/> GP/ Midwife/ NP Office <input type="checkbox"/> OB/GYN Office <input type="checkbox"/> Self-referral <input type="checkbox"/> ED <input type="checkbox"/> Fertility Centre <input type="checkbox"/> Other _____	
DOB	PHN		
Address			
City & Postal Code			
Email		<b>Referring provider name:</b> _____ Billing # : _____ cc: _____ cc: _____	
Phone Number			
Primary	Alternate		
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:**

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**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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