VGH Gynecology Clinics (formerly Women's Clinic) providing specialized gynaecological care part of the Vancouver Coastal Health Authority GYNE.ONCOLOGY/ COMPLEX GYNE. CLINIC REFERRAL FORM		PCIS LABEL THIS SPACE FOR WOMEN'S CLINIC USE ONLY	
VGH Gynecology Clinics (formerly Women's Clinic) Gordon and Leslie Diamond Health Care Centre 6th Floor, Station 4 - 2775 Laurel Street, Vancouver			
PATIENT DETAILS	Name:	Address:	
	Date of Birth:	Telephone Home:	Work:
	PHN #:	Referring MD Name:	Billing #:
	Cytology Lab ID Number:	Referring MD Telephone:	Fax:
REASON FOR REFERRAL (a referral letter is required for all patients)	<ul> <li>Endometrial hyperplasia wishing fertility sparing management</li> <li>Complex Surgical History (i.e. complicated pelvic disease, severe endometriosis)</li> <li>Low Malignant Potential/Borderline Ovarian Tumors Patients with genetic mutations wishing to discuss risk-reducing surgery (i.e. Lynch, BRCA etc.)</li> <li>Other:</li> <li>Please include results of any recent investigations that are pertinent to the patient's condition WIT THIS REFERRAL:</li> <li>Radiologic Imaging (i.e. pelvic ultrasound, CT Scan, MRI)</li> <li>Bloodwork (i.e. Tumor Markers)</li> <li>Other consultation reports</li> <li>Notes:</li> </ul>		
	Is patient pregnant?: Yes No		
PATIENT HISTORY	If yes, due date:     Allergies:     Latex   Penicillin   Iodine   Local Anaesthetic     Other:     Disabilities:   Mental   Physical   Specify assistance required:     Is this patient FLUENT in English?:   Yes   No   If no, specify which language patient speaks:   List OTHER physicians requiring copies of results:   Physician:   Physician:   Billing #:		
	Physician: PLEASE COMPLETE THIS F		
Triage Info	<b>FAILURE TO COMPLETE THIS FORM IN F</b> Your office will be informed of date a <b>prmation - For VGH Gynecology Clinics (formerly</b> FELLOW'S MASS UVONC BCCA	-9741 ULL WILL RESULT IN and time of appointment w Women's Clinic) Use C GENERAL GYNE U	N APPOINTMENT DELAY via fax. Dnly