

ByWard FHT IUC Referral Form

Referring Physician Information

Name _____ Billing No. _____
 Address _____ City _____ Province _____ Postal Code _____
 Phone _____ Fax _____
 _____ Signature _____ Date _____

Patient Information

Name _____ Birth Date _____
yyyy-mm-dd
 Prov. Health # _____ Expiry _____
 Street Address _____ City _____ Province _____ Postal Code _____
 Phone (Home) _____ Phone (Mobile) _____ Phone (Other) _____

Referral for

- IUC Consult & insertion (IUC insertion will be done at a subsequent visit.)
 IUC Insertion only (Referring physician certifies the patient has already been counselled on procedure risks & benefits, and various IUD models available; IUC prescribed by referring MD)
 IUC Removal

Important Information:

- IUC services are provided by both Primary Care Physicians and Gynecologists. Unless you prefer that the referral be forwarded to a ByWard FHT Gynecologist, the patient will be booked with the first available provider. If you prefer that your patient be booked with a Gynecologist, please indicate in the comments field.
- Please ensure patient has reliable contraception prior to IUC insertion. An IUC can only be inserted if there is no risk of pregnancy.
- Consultation requests for the management of abnormal menses can be referred to the ByWard FHT OB/GYN specialty clinic with relevant investigations ie. CBC, pelvic ultrasound)
- Consultation requests for complex IUC removal (strings no longer reachable, IUD embedded) can be referred to the ByWard FHT OBS/GYN speciality clinic with relevant investigations (ie. pelvic ultrasound).
- Copper IUDs are available for purchase at the clinic.
- IUC should not be purchased prior to initial IUC consultation visit.

Follow up care: SOGC suggests a follow-up visit in 4-12 weeks to assess bleeding, patient satisfaction, string check and STI prevention counselling. Please indicate if your preference is that the patient follow up with:

Referring Provider Consulting Provider No Preference

Comments