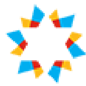
Sinai Health | Mount Sinai Hospital
Joseph and Wolf Lebovic Health Complex
Frances Bloomberg Centre for Women's and Infants' Health

Women's Unit
700 University Ave., 8th Floor South
Toronto, ON M5G 1Z5
Phone: (416) 586-4800 ext. 4621 Fax: (416) 586-5941
Clinic Hours: Monday-Friday 8:00 am – 4:00 pm
Weekends - CLOSED

Referral Form

Date: _______________

Family Planning/Contraception Clinic

This clinic will accept referrals for:

- The insertion of an intrauterine contraceptive device (IUCD) ~ or ~
- Laparoscopic tubal coagulation
- Complex contraceptive issues

Please complete ALL of the following information and fax to 416-586-5941.

Patient Information Patient aware of referral: ❑ Yes ❑ No

Name: ____ Phone: ______________________
Last Name *First Name*

Date of Birth: ________________________ (MM-DD-YYYY) Health Card No. ________________________

Address: ____

Does patient need a translator? ❑ No ❑ Yes If yes, specify language ______________________________

G: __________ P:__________ A: __________

Current contraception method: ____

Patient is requesting:

❑ IUD insertion ❑ IUD removal ❑ Tubal Ligation ❑ Other: (please specify) ______________________

Relevant medical history:

Recent swabs done? ❑ No ❑ Yes If yes, attach results
Recent Pap smear done? ❑ No ❑ Yes If yes, attach results

**** Attach copies of swab and Pap smear results with this referral ****

Referring Physician

Name: ____ Phone: ______________________

Address: ____ Fax: ______________________

Email: ____ OHIP Billing No. ______________________

Family Planning/Contraception Program Use Only

Patient called for appt ❑ No ❑ Yes Date of call: ______________________ Appt date/time: ______________________

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