



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: _____

Menopause Clinic

The Women's Unit will contact your patient with an appointment after all required information is completed.

Patient Information

Name: _____ Phone: _____

Last Name

First Name

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

Address: _____

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

Previous referral to menopause clinic? No Yes If yes, specify year(s) _____

Previous use of hormone replacement? No Yes If yes, please list _____

Patient is: Menopausal (date of last menstrual period) _____ or Perimenopausal
(MM-DD-YYYY)

Main reason for referral: Vasomotor symptom management Problem with current HRT

Medications

Specific Concerns

Explain:

To process this referral, the following documentation is required:

- Bone Mineral Density
- Mammogram
- Pap Smear
- Bloodwork
- Pelvic Ultrasound
- Reports from other specialists involved in patient's care
- Other lab tests pertinent for referral

Please complete all of the following information and attach copies of ALL diagnostic tests and lab results with this referral and fax to 416-586-5941. Incomplete referrals will be returned for more info.

Referring Physician

Name: _____ Phone: _____

Address: _____ Fax: _____

Email: _____ OHIP Billing No. _____

Menopause Clinic Use Only

Referral Accepted: No Yes Appointment Date/Time: _____

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