

Emergency Department

Affix Patient ID Label Here

REFERRAL FORM

Chief Residents Clinic, Women's Unit

Ontario Power Generation Bldg.

700 University Avenue, 8th floor

Toronto ON M5G 1Z5

Tel: 416-586-4800, ext. 4621 Fax: 416-586-5941

Clinic Hours: Monday-Friday 8:00 am - 4:00 pm, Weekends - CLOSED

Date: _____
(MM/DD/YYYY)

To be completed by Emergency Department Physician ONLY (Referrals from other sources are **returned**)

- **Only immediate/urgent internal gynaecological referrals for interim care are accepted. Please refer elsewhere if this patient requires continuous care and if this is a non-urgent or external request.**

Referring Physician: _____ MD
(Please print)

Reason for Referral: _____

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

Does patient have any special needs? No Yes If yes, specify needs: _____

Is patient taking any medication? No Yes If yes, please send list of medications with this referral.

- **FAX** this form with a copy of the **patient's Emergency Record (MS410) and medication list** to:
416-586-5941
- Give a copy of this form to the patient

Chief Residents Clinic Patient Instructions

You have been referred for follow-up medical care in the gynaecologic Chief Residents Clinic which is part of the Women's Unit.

Although we try to see patients at the earliest available appointment, the usual waiting period for an appointment is 6-8 weeks.

The Women's Unit will contact you directly when an appointment has been scheduled for you.

On the day of your appointment, go to the **Chief Residents Clinic** located at **700 University Avenue, 8th floor, Section D-Women's Unit** (the last desk at the end of the hall).

Please bring your health card with you to the appointment.

Clinic information can be found at www.mountsinai.on.ca/care/womens-unit/chief-residents-clinic.

Only referrals for patients seen in Emergency Department accepted.