BONNYVILLE MEDICAL CLINIC

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Website: bonnyvillemedicalclinic.ca

# Well Woman Clinic Referral Form

Patient Name: _____

<patient sticker here>

Referring Physician:

_____

Patient Contact Phone #:

_____

- ☐ Pap: ☐ Routine ☐ Follow-up on abnormal
- ☐ Urinary incontinence: ☐ Urge ☐ Stress ☐ Mixed
- ☐ Genital prolapse
- ☐ Pessary cleaning
- ☐ Contraception
- ☐ IUCD: ☐ New (requires consult first)
  ☐ Replace existing (name of IUCD _____ )
- ☐ STI screening
- ☐ Vaginal discharge
- ☐ Breast exam
- ☐ Menopausal/Post-menopausal issues
- ☐ Family planning/Fertility
- ☐ Abnormal uterine bleeding
- ☐ Post-menopausal bleeding

Medical History:

_____

Allergies:

_____

Medications:

_____