OBSTETRICS AND GYNECOLOGIC CONSULTANTS REFERRAL: SASKATOON FAX: (306) 655-5385

300 – 149 PACIFIC AVE. NORTH, SASKATOON, SK, S7K 1N8

PATIENT INFORMATION:	Last Name:		First Name:
Date of Birth: DD/MMM/YYYY	Address:		
City:	Prov:	PC:	HSN:
Home Phone:	Work Phone:		Cell Phone:

REFERRING PRACTITIONER & CLINIC INFORMATION:

☐ Family Doctor
☐ Nurse Practitioner
☐ Specialist
☐ Midwife

Name:
Address:

Phone:
Fax:

REFERRAL TO:

☐ Next Available Obstetrician Gynecologist (Except Dr._____)

☐ Specific Dr. _____

REASON FOR REFERRAL: ***CHECK MOST URGENT REASON AND INCLUDE RELEVANT DOCUMENTATION - DIAGNOSTIC LABS OR IMAGING, PRENATAL RECORDS, CONSULTS, INTERVENTIONS AND REFERRAL LETTER.***

ALL OBSTETRICAL REFERRALS REQUIRE EDD: DD/MMM/YYYY

Prenatal Care	☐ Low Risk (Shared Care)	☐ Low Risk (Transfer of Obstetrical Care)
High Risk Obstetrics	☐ Twins	☐ Hypertension
	☐ Higher Order Multiple Gestation	☐ Gestational Diabetes
	☐ Abnormal Prenatal Screen	☐ Pre-Existing Diabetes
	☐ Congenital Anomalies	☐ HIV Pregnancy
	☐ Substance Abuse in Pregnancy	☐ Nuchal Translucency
		☐ Intrauterine Fetal Growth Restriction
	☐ Medical Disease in Pregnancy Specify:	☐ High Risk Other:
Urgent Gynecology	☐ Abnormal Pap / Colposcopy	☐ Infertility (>35 Years of Age)
	☐ Abnormal Ultrasound/Pelvic Mass/Large Fibroids	☐ Menorrhagia with Anemia Hb <100
	☐ Concerning Vulvar/Vaginal/Cervical Lesion	☐ Post-Menopausal Bleeding
	☐ Highly Suspicious For Cancer	☐ Request For Termination of Pregnancy (Please call the office)
	☐ Urgent Other:	☐ First Trimester Bleeding/Possible Ectopic
Elective Gynecology	☐ Contraceptive Advice/Sterilization	☐ Pediatric Gynecology
	☐ Heavy/Painful/Irregular Periods	☐ Pelvic Pain/Dyspareunia
	☐ Infertility Age:	☐ Urinary Incontinence/Vaginal Prolapse
	☐ Menopausal /Sexual Complaints/Premenstrual Syndrome	☐ Vaginal Discharge/Vulvar Complaints
	☐ Tubal Ligation Reversal	☐ Other Specify:

For emergency consultations please contact the on-call gynecologist

NOTES:

POOLED REFERRAL INFORMATION: Patients being offered the pooled referral option will receive the next available appointment with a specialist within this group able to treat the referring condition. This service shares de-identified referral information with all the specialists in this group to aid in reducing patient wait times and improving the patient experience.
Questions or feedback directed to our office at 306- or visit http://www.health.gov.sk.ca/pooled-referrals-guide

Physician Signature:	Date:
Redirecting Specialist: ☐ Pooled ☐ Specific Dr._____	Date: