

**WOMEN'S MID-LIFE HEALTH PROGRAM REFERRAL: SASKATOON**

Phone: 306-655-7681

Women's Health Centre, Saskatoon City Hospital  
701 Queen Street, Saskatoon, SK S7K 0M7

Fax: 306-655-8176

**PATIENT INFORMATION:**

Last Name:

First Name:

Date of Birth:

Address:

City:

Prov:

PC:

HSN:

Home Phone:

Work Phone:

Cell #:

**REFERRING PRACTITIONER & CLINIC INFORMATION:** Family Doctor

Name:

 Nurse Practitioner\*

Address:

\*associated with Dr. \_\_\_\_\_ for billing purposes

 Pelvic Floor Physiotherapist Naturopath Doctor Specialist

Phone:

Fax:

**REFERRAL TO:** Next Available Menopause Clinician Specific Menopause Clinician, list below

Except:

Name:

**REASON FOR REFERRAL: Check reason(s)** Vasomotor symptoms (hot flashes, night sweats)  Vulvo-vaginal health Decreased libido Premature ovarian insufficiency (<40 years old) Other - (explain)**PLEASE FORWARD ANY CURRENT RELATED DIAGNOSTIC LABS OR IMAGING ON FILE****PLEASE NOTE: Hormone levels NOT indicated unless premature menopause.****Past Medical History:****Medications:****ALLERGIES:**

IF you want this expedited, please explain:

**POOLED REFERRAL INFORMATION:** Patients being offered the pooled referral option will receive an acknowledgement letter about this request. They will then be required to call in to schedule their appointment within this group. Keep in mind our clinic days are Tues/Wed/Thurs so appointments fill up fast. **The physicians within our group are: Dr. Renee Morissette (Weekly) and Bi-weekly for Dr. Tracey Guselle, Dr. Donna Chizen, and Dr. Angela Baerwald**

Physician Signature:

Date: