BONNYVILLE
MEDICAL
CLINIC

101, 4610 – 50 Street, Bonnyville, AB T9N 0G2 Phone: 780-826-3346 Fax: 780-826-6362
Website: bonnyvillemedicalclinic.ca

Well Woman Clinic Referral Form

Patient Name: ___________________________________

<patient sticker here>

Referring Physician:

____

Referring Physician contact information:

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☐ Pap: ☐ Routine ☐ Follow-up on abnormal

☐ Urinary incontinence: ☐ Urgent ☐ Stress ☐ Mixed**

***Please include renal ultrasound with pre-void and post-void volumes*

☐ Pessary cleaning

☐ Genital prolapse – ***please start on vaginal estrogen (Premarin vaginal cream 0.5g twice weekly or Vagifem twice weekly) or intravaginal moisturizer such as Gynatrof, Replens or RepaGyn***

☐ 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 – ***please include pelvic ultrasound***

☐ Post-menopausal bleeding – ***please include pelvic ultrasound***

Medical History:

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Allergies:

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Medications:

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