

Chinook Mall Medical Clinic

Suite B8, 6455 Macleod Trail SW Calgary, T2H 0K8

Ph. 403-444-0428 Fax. 403-537-0029

IUD AND WOMEN'S HEALTH CLINIC – REFERRAL FORM

To: Chinook Mall Medical Clinic
Suite B8, 6455 Macleod Trail SW Calgary, T2H 0K8
Ph. 403-444-0428 Fax. 403-537-0029

PLACE PATIENT DEMOGRAPHICS LABEL HERE:

NAME:

AHC:

DOB:

ADDRESS:

PHONE #:

PLEASE CHECK ALL THAT APPLY:

- IUD Consultation and assessment for insertion
- IUD removal
- Other IUD issue: _____
- Contraception counselling/discuss birth control options
- Prenatal care (<20w, please refer ASAP, no U/S or labs required)
- Postpartum Care
- Newborn care
- Fertility concerns
- Menstrual concerns
- Breast issues
- Pap Test
- STI Screening
- Other:

Please fax referrals to: 403-537-0029
We will call patient to book initial visit.

Referring Provider's Information/stamp: