

WOMEN'S & SEXUAL HEALTH

SERVICE REFERRAL FORM

102-3200 Valleyview Dr
Kamloops BC, V2C 4S2
T: 778-362-1582 F: 250-828-8242

| | |
|---|-------------------------|
| Referral Date: | |
| PATIENT DEMOGRAPHICS | |
| Last Name: | First Name: |
| DOB: | PHN #: |
| Primary Phone Number: | Alternate Phone Number: |
| SELECT REFERRAL OPTIONS: <ul style="list-style-type: none"> <input type="checkbox"/> Contraception (Including IUDs and Implants) <input type="checkbox"/> Cervical Cancer Screening— Please Send Last Screening Results <input type="checkbox"/> STI / STD Testing and Treatment <input type="checkbox"/> Therapeutic Abortions <input type="checkbox"/> Vasectomy Referrals <input type="checkbox"/> Tubal Ligation Referrals <input type="checkbox"/> New Breast Lump for Unattached Patients | |
| Reason for Referral: | |
| Relevant History: | Telephone: Fax: |
| Referring Physician/ Address: | |
| Signature: | |

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