Dr. Steven I. Madu; MD, Dip. Obs. (High risk pregnancy); FCOG; FRCSC Senior Consultant, Obstetrician/Gynecologist

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## **New Patient Referral Form**

## PLEASE FAX THE COMPLETE FORM TO: 905-529-4646

atient Information	Referring Physician
Name	Name
OHIP No.	Billing No.
D.O.B	Address
Phone (Home)	Phone
Cell	Fax
ndication(s) for referral	
General Gynecological Consults/Services	
General Obstetrics Consults- Management of	of Low/High risk Pregnancies up to 36 weeks Gestation
Contraception (example IUD insertion)	,
Pap Smear/Colposcopy -/+ biopsies of vulva	ae/cervix
Endometrial Biopsy	
Management of Menopause	
Management of Genital Prolapse- Pessary	
Management of Urinary Incontinence	
Removal of Polyps	
Vulva Dermatology Clinic	
Other Gynecological Conditions	
lease attach all relevant/recent Lab. Work, (	cultures, Ultrasound and Pathology reports
Past Medical History	
Medications	
Allergies	
Social History	
Family History	
Dates	Signature