CMC | Cornerstone Medical Clinic

#100-415 Wellman Crescent
Saskatoon, SK, S7T 0J1
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WOMEN'S HEALTH REFERRAL FORM

Dr. Carly Conly **Dr. Shanna Olson** **Dr. Sarah Williams** **Dr. Jacqueline Bucko**
Dr. Emily Sullivan **Dr. Schaana Van De Kamp**

PATIENT INFORMATION

Surname: _____ First Name: _____
Birthdate: ___/___/_____ (DD/MM/YYYY) PHN: _____
Address: _____ Phone: _____
_____ Alt Phone: _____

REFERRING PRACTITIONER INFORMATION

☐ Family Doctor Referring Practitioner: _____
☐ Specialist Clinic: _____
☐ Nurse Address: _____
☐ Other: _____ Phone: _____ Fax: _____

REFERRAL TO:
☐ Next available physician
☐ Specific physician: _____
☐ Dr. Carly Conly for pelvic floor/incontinence/pessary evaluation

URGENCY OF REFERRAL: ___ URGENT ___ ROUTINE

REASON FOR REFERRAL: (please include copies of all relevant imaging, labs, consults)
☐ pap smear/gynecologic examination
☐ low risk maternity care EDC: ____/____/_____ (DD/MM/YYYY) *
☐ contraceptive or sexual health counselling
☐ IUD insertion
☐ emergency contraception
☐ urinary incontinence/pelvic floor concerns/pessary fitting (Dr. Carly Conly)
☐ endometrial biopsy
☐ menopause health
☐ breastfeeding medicine (Dr. Emily Sullivan)

*Low risk maternity care patients must meet the following requirements:
Age <42 years; pre-pregnancy BMI <40; singleton pregnancy; no major uterine abnormality; no major fetal abnormality; no major pre-existing maternal medical condition; no history of preterm birth prior to 35 weeks gestation; no history of severe pre-eclampsia or HELLP; if interested in a trial of labor after cesarean, only one prior lower segment cesarean with an inter-delivery interval of at least 18 months.

Practitioner Signature: _____ Date: ___/___/_____(DD/MM/YYYY)
For more information, please visit our website at www.cornerstonemedical.ca