



Please note this referral form needs to be filled out by the referring doctor. This referral can also be found on Pathways.

CAYA Health Centre #132-555 West 12th Ave Vancouver BC, V5Z3X7 Phone: 236-516-2292 Fax: 604-638-0430 Email: info@cayahealthcentre.com

Referral for: Dr. Michelle Huget (MSP: 37606) at CAYA Health Centre

*Please note there are two pages

Referring Doctor

Doctor: _____ MSP: _____ Office Address: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ Fax: _____ Date: _____

Patient Demographics – *email is required, the referral will be returned if there is no email

Last Name: _____ First Name: _____ PHN: _____ Date of Birth: _____ Sex: _____ Pronouns: _____ Phone: _____ Email: _____ Address: _____ City: _____ Province: _____ Postal Code: _____

IUD Services and other Contraception

IUD Consultation IUD Insertion IUD Follow-up IUD Removal IUD Removal and Replacement *Emergency IUD insertion (effective up to 7 days from unprotected intercourse) Referring office must call and fax urgent requests.

OTHER Services If the patient has seen a specialist for this concern (*) in the past year, the referral will be rejected.

Gentle PAP Perimenopause * Menopause * Complex Pelvic Exam Trans Care Pessary Fitting Contraception Counselling PCOS * Menstrual Cycle Concerns * Other hormonal concerns * Other gynecological concerns *

Please note that our pessary fittings are performed by the physiotherapist and are not covered under MSP

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Referral Instructions: fax to 604-638-0430

Please attach all relevant information including:

1. Medical hx, surgical hx, allergies, medications
2. Recent labs, pap, investigations, imaging
3. Relevant consultations

*The referral will be returned if this information is not provided. If you are unable to supply this information, kindly indicate so.

Consultation letter to be sent to GP ___ Yes or ___ No