

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

PLEASE READ BEFORE COMPLETING THIS REFERRAL:

We are a team of family physicians with a focused practice in women's health and gender-affirming care. We are not gynecologists, we do not see surgical patients, and referrals outside of our scope will be returned. If the patient is currently seeing a specialist for this reason, the referral will be rejected.

- **Age Restriction:** We do not see patients for trans care hormone initiation, maintenance, or surgical readiness assessments for those under 19 years of age
- **We are not accepting patients for ongoing longitudinal care**

Please ensure that patients are aware that they will be discharged back to their primary care provider after consultation.

Please DO NOT refer for the following concerns:

- Chronic pelvic pain, suspected endometriosis, or other complex gynecological issues → Refer to a gynecologist
- Complex menopause (e.g., history of breast cancer, cardiovascular disease, POI) → Refer to a gynecologist
- Fertility concerns → Refer to a fertility clinic
- PMDD or mental health issues not related to hormone management → Refer to a psychiatrist

Please attach required information – incomplete referrals will be returned.

- | | | |
|--|--------------------|-----------------|
| • Reason for referral (clearly stated) | • Surgical history | • Allergies |
| • Complete medical history | • Medication list | • Patient email |

Contraception:

- | | | |
|---|--|--|
| <input type="checkbox"/> IUD/contraception consultation | <input type="checkbox"/> IUD insertion | <input type="checkbox"/> IUD removal |
| <input type="checkbox"/> IUD follow-up | <input type="checkbox"/> Nexplanon insertion | <input type="checkbox"/> Nexplanon removal |

Other:

- | | | |
|---|--|---|
| <input type="checkbox"/> STI testing and treatment | <input type="checkbox"/> Menstrual concerns | <input type="checkbox"/> Polycystic ovary syndrome (PCOS) |
| <input type="checkbox"/> Trauma informed pap test | <input type="checkbox"/> Complex pelvic exam | <input type="checkbox"/> Pessary fitting (private pay) |
| <input type="checkbox"/> Non-complex perimenopause/menopause care | <input type="checkbox"/> Other hormonal concerns (specify below) | |

Trans care and Gender-Affirming Care:

- | | |
|--|---|
| <input type="checkbox"/> Hormone readiness assessments | <input type="checkbox"/> Surgical readiness assessments |
| <input type="checkbox"/> Hormone initiation and/or maintenance | |

Other reason for referral: _____

#132-555 West 12th Ave, Vancouver BC, V5Z 3X7

Phone: 236-516-2292 Fax: 604-638-0430

Email: info@cayahealthcentre.com



Referring Provider Info:

Name: _____ Phone: _____ Fax: _____

Billing #: _____ Clinic: _____

Patient Info - *email is required, referral will be returned if no email:

Name: _____ DOB: _____ PHN: _____ Sex: _____

Pronouns: _____ Phone: _____ Email (required): _____

Address: _____ City: _____

Province: _____ Postal Code: _____

****Consultation letter to be sent to GP ____ Yes or ____ No****