Dr. Johneen Manning, MD CCFP
1081 Carling Avenue, Suite 501, Ottawa ON K1Y 4G2
Phone: 613-728-9970   Fax: 343-809-0897
Email: info@libertywomenshealth.ca
Website: www.libertywomenshealth.ca

Referral Form (Fax to 1-343-809-0897)

Patient Information

- Full Name: ____________________
- Date of Birth: ____________
- OHIP Number: ____________________ Version: ______
- Phone number: ________________ Alternate phone number: ________________
- Email: ____________________ (required)

Referring Provider Information (Referrals accepted from a physician or nurse practitioner)

- Full Name: ____________________
- Clinic Phone Number: ________________ Clinic Fax Number: ________________
- Provider Billing Number: ____________

FAMILY PLANNING

☐ IUC (Mirena, Kyleena, Copper IUD)
  ☐ Insertion ☐ Removal
☐ Contraceptive Implant Insertion
  ☐ Insertion ☐ Removal
☐ Short-Acting Reversible Contraception
☐ Emergency Contraception
☐ Medical Abortion (< GA 70 days)

PERIOD PROBLEMS

☐ Heavy / Irregular Menstrual Bleeding **
☐ Dysmenorrhea **
☐ Premenstrual Syndrome (PMS) & PMDD
☐ Endometrial Biopsy **

PERI-MENOPAUSE / MENOPAUSE

☐ Menopause Symptom Management
☐ Post-Menopausal Bleeding **

CERVICAL CANCER SCREENING

☐ Pap Test / HPV Testing

OVERWEIGHT & OBESITY

☐ Medical Weight Management

SKIN HEALTH

☐ Hormonal Acne Diagnosis / Treatment

** Please provide pelvic ultrasound with referral.

PLEASE PROVIDE A BRIEF HISTORY:

* Please note, we do not see patients for breast health, vaginitis, prenatal care, or chronic pelvic pain.

Signature: ____________________ Date: ____________