



Dr. Johneen Manning, MD CCFP

**Fax Referrals to:**  
**Trainyards Medical Centre**  
**Unit 22-550 Terminal Avenue, Ottawa**  
**Fax: (613) 731-4979**  
**Phone: (613) 731-4770 ext 5119**

**Patient Information**

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- OHIP Number: \_\_\_\_\_ Version: \_\_\_\_\_
- Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_
- Address: : \_\_\_\_\_
- Email: \_\_\_\_\_ (required)

**Referring Provider Information** (Referrals accepted from a doctor, nurse practitioner, midwife)

- Full Name: \_\_\_\_\_
- Clinic Phone Number: \_\_\_\_\_ Clinic Fax Number: \_\_\_\_\_
- Clinic Address: : \_\_\_\_\_
- 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)

**CERVICAL CANCER SCREENING**

- ☐ Pap Test / HPV Testing

**SKIN HEALTH**

- ☐ Hormonal Acne Diagnosis / Treatment

**PERIOD PROBLEMS**

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

\*\* 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: \_\_\_\_\_