WELL Health | GYNECOLOGY CENTRES

Dr. Brian Fitzsimmons MD FRCSC
Dr. Pètra Selke MD FRCSC
UBC Clinical Professors

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Visit WELLclinics.ca
WELLHEALTH GYNECOLOGY

Fax this form with labs/reports to: 604-872-1261

Include relevant documentation only (ie. current labs, imaging results, prior consults etc.) to help us prioritize consult. Do not send copies of entire chart.

Referral to: ☐ Dr. Fitzsimmons ☐ Dr. Selke
*Check neither if no preference and for first available appointment

Date: _____
Patients Name:_____ Gender Pronouns:_____
DOB: _____ /_____ /_____ PHN: _____
Language(s) spoken:_____. ☐ Interpreter needed (patient to arrange)
Patient Contact:
-Telephone: (_____)_____-_____Email:_____

Reason for referral:

☐ Contraception	☐ Transgender related services
☐ IUD insertion/removal	☐ Pelvic Pain/endometriosis
☐ Sterilization consult	☐ Vulvar Skin issues
☐ Menstrual issues/menorrhagia/fibroids	☐ Menopause/perimenopausal issues
☐ Abnormal discharge	☐ Ovarian cysts
☐ Genital prolapse/ pessary fitting & Care	☐ Post coital bleeding
☐ Endometrial ablation	☐ BrCA related (ie. consult for oophorectomy)
☐ Other:	

URGENCY?
*We cannot guarantee these timelines, but will do our best

☐ Urgent (ie: pelvic mass, possible cancer, early pregnancy issues)
** If urgent *consider contacting us directly by phone*
☐ Semi Urgent (menorrhagia, severe anemia)
☐ Non Urgent (ie. menorrhagia – stable,)

Comments: _____
_____
_____

Referring Provider: _____ MSP: _____
Phone:(_____)_____-_____ Fax:(_____)_____-_____
***Appointments will be scheduled with patient and your office will receive notification will be faxed to your office; Please inform your patient of the booked appointment time.