



The Access Clinic provides reproductive health care for women who cannot access these services in their primary health care providers office or clinic. **This typically includes women with disabilities, women who have experienced previous traumatic pelvic exams, women with a history of sexual abuse, or women with obesity** who require an accommodating exam bed.

**PLEASE FAX FORM TO 604-875-3009**

**WE WILL CONTACT PATIENT WITH AN APPOINTMENT**

**Patient Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ PHN: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (Cell): \_\_\_\_\_ DOB: (DD/MM/YYYY) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Billing # \_\_\_\_\_

Gynecologist: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

Reason for referral:

Relevant history: (include cervical cytology and other relevant consults and test results)

**I would like myself / my patient to be seen for the following:**

- Pelvic Exam/Pap
- Sexual Health Counselling
- Reproductive Health Counselling including contraception
- Menstrual Suppression
- Mullerian Agenesis, Androgen Insensitivity, Congenital Adrenal Hyperplasia requiring dilator therapy
- Other Gynecological Concerns: \_\_\_\_\_

All patients will be triaged and receive an initial consultation with a nurse practitioner and/or a gynecologist. Follow-up will be booked as required. Patients will be referred out to the appropriate services including physiotherapy on an as needed basis.

**Other Booking Information**

Nature of Disability: \_\_\_\_\_

Transfer Requirements:

- Self
- Board
- Require Lift

Will an attendant be coming with you?

- Yes
- No

Transportation: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_