



westgrove
clinic SPRUCE GROVE

#201-505 Queen Street, Spruce Grove AB T7X 2V2
Phone: (780) 962-9888 Fax: (780) 960-5298

Birth Control Clinic Referral Form

Referral Date: _____

PATIENT INFORMATION	REFERRING PROVIDER INFORMATION
Name:	Name:
DOB:	PRACID:
PHN:	Clinic Name:
Address:	Phone:
City:	Fax:
Province: Postal Code:	
Phone:	

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Urgency:

- Very Urgent (within 1 week)
- Semi-Urgent (2-4 weeks)
- Non-Urgent

Reason for Referral: (check all that apply)

- Contraceptive Counselling
- IUD Consult
- IUD Consult & same-day Insertion
Patients will be provided with a prescription for their preferred IUD at their consultation appointment.
- Nexplanon Consult
- STI Testing
- Other (specify): _____

Relevant History and Additional Information:

Thank you for your referral!

FAX COMPLETED FORM TO 780-960-5298