

## Bruyère Health Family Medicine Centre – Gender Affirming Care Clinic Referral Form

Address: 75 Bruyère St, Ottawa, ON

Phone: 613-241-3344

**Please fax referrals to: 613-241-2755**

Supervising Physician: Dr. William Caron

NP Providers: Kathleen Burgess, Tawnya Shimizu

**\*\*PLEASE NOTE THAT PATIENTS MUST BE 18+ IN ORDER FOR REFERRAL TO  
BE ACCEPTED, AND MUST POSSESS A VALID OHIP CARD\*\***

### Criteria for referral:

- Age 18+ with valid OHIP card
- Primary Care Provider aware of referral
- Primary Care Provider agreeable to take over follow up care (monitoring parameters, as well as detailed instructions for future care will be provided to PCP).
- Patients should be aware that this is a teaching clinic (affiliated with the University of Ottawa), and family medicine residents, NP students and medical learners will be involved in their care under the supervision of Dr. William Caron, Tawnya Shimizu (NP), or Kathleen Burgess (NP).

### Patient Information

Name on Health Card: \_\_\_\_\_

Preferred/Chosen Name: \_\_\_\_\_

Assigned Sex at Birth: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Medical Information

Past Medical History: \_\_\_\_\_

Current Medications & Supplements: \_\_\_\_\_

Allergies (and reactions): \_\_\_\_\_

### **Primary Care Provider (PCP) Information**

PCP Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Is PCP willing to continue care once the patient is stable?  Yes  No

### **Referral Type**

Hormone Start

Surgical Readiness Assessment

Other (please specify): \_\_\_\_\_

### **Referring Provider Information**

Referring Provider Name: \_\_\_\_\_

Designation (MD, NP, etc.): \_\_\_\_\_

Billing Number: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_