



Dr. Johnneen Manning, MD CCFP
1081 Carling Avenue, Suite 501, Ottawa ON K1Y 4G2
Phone: 613-728-9970 Fax: 343-809-0897
Email: info@libertywomenshealth.ca
Website: www.libertywomenshealth.ca

Referral Form (Fax to 1-343-809-0897)

Patient Information

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

Referring Provider Information (Referrals accepted from a physician or nurse practitioner)

- Full Name: _____
- Clinic Phone Number: _____ Clinic Fax Number: _____
- 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)

PERIOD PROBLEMS

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

PERI-MENOPAUSE / MENOPAUSE

- ☐ Menopause Symptom Management
- ☐ Post-Menopausal Bleeding **

CERVICAL CANCER SCREENING

- ☐ Pap Test / HPV Testing

OVERWEIGHT & OBESITY

- ☐ Medical Weight Management

SKIN HEALTH

- ☐ Hormonal Acne Diagnosis / Treatment

** 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: _____

