



WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

76 Grenville Street
Toronto, Ontario M5S 1B2
Telephone: 416-323-6307
Fax: 416-323-6310

**SURGICAL SERVICES TRANSITION RELATED
SURGERY (TRS) PROGRAM
REFERRAL FORM**

Surgical Procedure:

- Mastectomy
- Chest contouring
- Breast Augmentation
- Bilateral salpingo-oophrectomy
- Orchiectomy
- Scrotoplasty
- Testicular/Penile Implant
- Surgical Revision _____
- Other _____

PATIENT INFORMATION
(Affix Patient Label/Identification Here)

Name in use: _____
 Legal name: _____ Date of Birth: ____ / ____ / ____
 DD/MM/YYYY
 Health Card: _____ Version Code: _____
 Address: _____
 Telephone: _____ Alternate: _____

Referral Date: ____ / ____ / ____ Specific Physician? No (first available)
 DD/MM/YYYY Yes (Dr. _____)

ADDITIONAL PATIENT INFORMATION

Other insurance coverage (IFH, UHIP, other) Self-pay
 Language spoken: Interpreter required: Yes No
 Allergies: Sex assigned at birth: _____
 Pronouns: He, Him She, Her They, Them Other: _____ Gender identity: _____

REFERRING PROVIDER INFORMATION

Name: _____ Billing number: _____
 Address: _____
 Telephone: _____ Signature: _____
 Fax: _____
 Alternate report sent to: _____
 (name/contact information)

REASON FOR REFERRAL

Diagnosis and/or chief complaint:
 Gender dysphoria
 Other: _____
 TRS MoHLTC approved surgical procedure
 Surgical consult
 Surgical complication/revision consult
 Other: _____

FAMILY AND MEDICAL HISTORY

Past and current medical history:
 MoHLTC prior approval form Upper surgery 1 assessment
 Lower surgery 2 assessments
 Hormonal therapy
 Gender role experience
 Mental health and substance use well controlled
 Non-smoker or abstinence for 6 weeks in preparation for chest surgery

Please attach the following (as applicable)
 MoHLTC prior approval form
 Prior approval form assessments
 Previous TRS surgery _____
 Medical history pertinent to proposed surgery and/or anesthesia risk (if MoHLTC prior approval form and assessment not included)
 Medication list

Additional information/comments:

This fax transmission contains confidential information that is intended only for the Women's College Hospital clinics. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of the contents of this fax is strictly prohibited. If you have received this fax transmission in error, please immediately notify the referring health practitioner at the telephone number provided above to arrange for the return or destruction of this document.

