



76 Grenville Street
Toronto, Ontario M5S 1B2

Tel: 416-323-6014

Fax: 416-323-6172

PATIENT INFORMATION

(Affix Patient Label/Identification Here)

Name: _____ Date of Birth: _____
DD/MM/YYYY

Health Card: _____ Version Code: _____

Address: _____

Postal Code: _____ Province:

Telephone: _____ Alternate: _____

**ANORECTAL SURGERY PROGRAM
REFERRAL FORM**

CONSULTATION WILL BE BOOKED WITH
NEXT AVAILABLE ANORECTAL SURGEON

Referral Date: _____ DD/MM/YYYY Preferred Name: _____

ADDITIONAL PATIENT INFORMATION

Other insurance coverage (IFH, UHIP, other): _____ Self-Pay

Language spoken: _____ Interpreter required:

Allergies: _____

Gender: _____ Pronouns: She/Her He/Him They/Them Other _____

REFERRING PROVIDER INFORMATION

Name: _____ Billing number: _____

Address: _____

Telephone: _____ Fax: _____ Signature: _____

REASON FOR REFERRAL

(Please include preliminary diagnosis and brief history)

- Anal fissure
- Hemorrhoids
- Anal fistula
- Anal skin tags
- Pilonidal disease

CLINICAL INFORMATION/FINDINGS

*Is there a history of inflammatory bowel disease?

*Has the patient had prior anal surgery?

Past medical and surgical history:

*Is the patient taking Anticoagulants / Aspirin?

Duration of symptoms: _____

Treatments to date: _____

Medications: _____

PATIENT CONSENT FOR EMAIL TO BE USED FOR PATIENT PORTAL REGISTRATION

WCH Preadmission Clinic uses a patient portal called myHealthRecord (myHR) to connect with patients before and after their visit. myHR allows patients to more easily complete clinical documentation and receive materials that help them prepare for their upcoming visit.

WCH will use the Email address provided below to send the patient an activation code for the myHR patient portal.

Please ensure the patient has consented to your office sharing their Email address for this purpose, using the consent script included in the Booking Guidelines Booklet.

Email Address:

Patient Consented to Office Sharing Email with WCH for Patient Portal Registration?

Thank you for your referral.

Please fax the completed referral to 416-323-6172. Our office will contact you shortly. Please note incomplete referrals will be returned to your office

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F5612

F-5621 (5-2021)