



Please note this referral form needs to be filled out by the referring doctor.
This referral can also be found on Pathways.

CAYA Health Centre
#132-555 West 12th Ave
Vancouver BC, V5Z3X7
Phone: 236-516-2292
Fax: 604-638-0430
Email: info@cayahealthcentre.com

Referral for: Dr. Michelle Huget (MSP: 37606) at CAYA Health Centre

Referring Doctor

Doctor: _____ MSP: _____

Office Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Fax: _____ Date: _____

Patient Demographics – ***email is required, the referral will be returned if there is no email**

Last Name: _____ First Name: _____

PHN: _____ Date of Birth: _____ Sex: _____

Pronouns: _____ Phone: _____ **Email:** _____

Address: _____ City: _____

Province: _____ Postal Code: _____

IUD Services and other Contraception

IUD Consultation IUD Insertion IUD Follow-up

IUD Removal IUD Removal and Replacement

*Emergency IUD insertion (effective up to 7 days from unprotected intercourse)
➤ Referring office must call and fax urgent requests.

OTHER Services

Gentle PAP Perimenopause Menopause Complex Pelvic Exam

Trans Care Pessary Fitting Contraception Counselling PCOS

Menstrual Cycle Concerns Other hormonal concerns Other gynecological concerns

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Referral Instructions: fax to 604-638-0430

Please attach all relevant information. BMI, LMP, Gravidity, Parity, current medications, relevant consultations, most recent pap report and pelvic ultrasound (if applicable).

We will notify patient with appointment date and time within 1 week of receiving the referral.

Consultation letter to be sent to GP ___ Yes or ___ No