



Referral Form

Fax with any pertinent records and lab/test results to: 401-793-7801 ~ Thank you.

PATIENT _____ DOB ____/____/____

ADDRESS _____

PHONE Home _____ Cell _____ Work _____

May we leave a message stating the call is from "Women's Medicine Collaborative" or "Dr. ____'s office"? Yes No

Patient is: NON-PREGNANT PRECONCEPTION PREGNANT (EDD: _____ or Gest. Age ____ wks) POSTPARTUM

Translator needed? No Yes - Preferred Language: Spoken _____ Written _____

PRIMARY INSURANCE _____ ID# _____

SECONDARY INSURANCE _____ ID# _____

REFERRING PROVIDER _____ PHONE _____ FAX _____

Behavioral Medicine

- Mental health preconception consult
- Mood/anxiety disorders during pregnancy or postpartum
- Mood/anxiety disorders related to menopausal transition
- Premenstrual syndrome

Bone Densitometry Testing

*(Please use Bone Density Testing form**)*

Cancer Services

- Cancer Survivorship Program
- GYN oncology
- High Risk Breast Program
- High risk cancer surveillance

Cardiovascular Consult

Colonoscopy/Endoscopy

*(Please use Colonoscopy-Endoscopy Booking Sheet**)*

Gastrointestinal Consult

- C. Diff infection
- Fecal incontinence
- Gastrointestinal disorder in pregnancy
- Hepatology consult
- Pelvic Floor Disorders Program
- Other gastrointestinal disorder

Gastrointestinal Testing

- Bacterial overgrowth test
- Lactose breath test

Genetic Counseling

Maternal-Fetal Medicine Consult

Menopause Consultation Program

Multidisciplinary Obstetric Medicine Service (MOMS)

- Cardiac disease in pregnancy
- Diabetes in pregnancy *(Please use Diabetes in Pregnancy Program form**)*
- Endocrine disorder in pregnancy
- Gastrointestinal disorder in pregnancy
- Pulmonary disorder in pregnancy
- Rheumatology disorder in pregnancy
- Other medical disorder in pregnancy
- Preconception counseling
- Postpartum risk assessment

Nutrition Counseling

PT/Pelvic Floor Rehabilitation

For referrals, call 401-793-7022.

Pulmonary Consult

- Asthma
- Sleep apnea
- Other pulmonary disorder

Pulmonary Testing

- Pulmonary function testing
- (Please use PFT form**)*

Rheumatology Consult

Lifestyle Medicine Center***

- Group Nutrition Program
- Massage therapy
- Stress Reduction Program
- Yoga

Urgency of Consult: Within 24-48 hours Within 1-2 weeks Routine Appointment

REASON FOR REFERRAL

** Additional referral forms are available for download at WomensMedicine.org

*** Not covered by insurance