Upper Grand Family Health Team
107-6420 Beatty Line North, Fergus, ON N1M 2W3
Office: 519.843.3947 • Fax: 519.843.7386

Trans Care Clinic Referral Form

Reason for Referral:

- ☐ Gender Affirming Care education
- ☐ Gender Affirming Surgery consult only. Specify if applicable: _____
- ☐ Hormone Replacement Therapy only
- ☐ Hormone Replacement Therapy and Gender Affirming Surgery

Please include patient profile including medication list, allergies and health history with referral.

Additional Information

Patient Information:

_____

Legal First Name Legal Last Name Preferred Name

Address

Phone Number

Email address

Date of Birth

Sex (at birth)

Pronouns

Health Card Number

Family Doctor

Referrer (if different from Family Doctor)

Has this patient had previous Gender Affirming Surgery or Hormone Replacement Therapy ○Yes ⊙No

If yes, please specify:

Patients will attend appointments in-person at our Elora Clinic Location. They will be contacted with an appointment date and time by our office.