

Adolescent and Young Adult (AYA) Program Referral Form

For program inquiries email us at aya@uhn.ca or call 16-5890

Please FAX referral form to: (416) 946-6546

For URGENT FERTILITY COUNSELING

PAGE: (416) 715-2810

Date of referral:

Referred by:

Patient's cancer diagnosis:

Reason(s) for Patient Referral (*check all that apply*):

- Fertility counseling
- AYA-specific resources need
- Sexual health concerns
- School and/or work transition support
- Body image/ exercise/ or diet and nutrition concerns
- Additional symptom management support
- Other (please specify):

Additional Information:

