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/diet and nutrition concerns
☐ Additional symptom management support
☐ Other (please specify):

Additional Information:

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Thank you for the referral