Alberta Health Services

Affix patient label within this box

Sexual Health Service (SHS) Referral

The Sexual Health Service provides education and counseling to people who have had their sexual health impacted by injury, illness or disability. Services are available to people of any age, sexual orientation or relationship status, as well as family members/caregivers.

Return the completed form by fax to 780.735.7923 or mail to Sexual Health Service, Glenrose Rehabilitation Hospital, 10230 - 111 Avenue, Edmonton, AB T5G 0B7 Phone: 780.735.6290

Client Information

Last Name	First Name	Middle Name	
Address	City	Province	Postal Code
Home Phone / Mobile Phone	PHN	Date of Birth *(dd-Mon-yyyy)*	
Legal Guardian	Relationship to Client	Phone	
Agency (if applicable)		Phone	

Please indicate any confidentiality issues *(e.g. - no message on voicemail)*

Client's Sexual Health Concerns *(check all that apply)*

☐ Unknown	☐ Positioning	☐ Relationships	☐ Safety
☐ Sexual Response (i.e. sexual desire, ED, orgasm, arousal)	☐ Pain	☐ Body Image	☐ Incontinence
	☐ Fertility	☐ Self Esteem	☐ Assistive Devices
☐ Sexual Education	☐ Behaviour	☐ Mood	☐ Gynecological
☐ Sensation	☐ Social Interactions	☐ Parenting	☐ Other *(specify)* _____

Health condition(s) and impact on sexual health. Include diagnosis and any medical or activity restrictions. *(attach additional information as required):*

Client is aware of referral and consents to meeting with the Sexual Health Service ☐ Yes ☐ No

Referral Source

Glenrose Rehabilitation Hospital (GRH) *(Indicate the name of the GRH Clinic or Program)*

☐ Self Referral ☐ Family/Caregiver ☐ Physician/Health Care provider

Form Completed by		Signature
Phone	Fax	Date Completed *(dd-Mon-yyyy)*

If no past Glenrose Rehabilitation Hospital involvement, please provide Physician Referral information

Physician Name		Physician Signature
Phone	Fax	Date Completed *(dd-Mon-yyyy)*

Comments