



## EndoCARES

Endométriose – Centre pour l'avancement  
de la recherche et des soins chirurgicaux

Endometriosis – Centre for the  
Advancement of Research and Surgery

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Web: [muhc-obgyn.com](http://muhc-obgyn.com)

Name: \_\_\_\_\_

RAMQ: \_\_\_\_\_

TEL: \_\_\_\_\_

Email: \_\_\_\_\_

(required)

## REFERRAL FORM

### Reason for referral:

Deep endometriosis on ultrasound or MRI  
(i.e. endometriomas, rectovaginal nodule,  
bowel/bladder lesion, diaphragmatic endometriosis)

} Please include relevant imaging reports.  
Incomplete referrals will not be triaged.

Surgically diagnosed deep endometriosis  
(including colonoscopy, cystoscopy)

} Please include operative record.

Additional details: \_\_\_\_\_

Exclusion Criteria	
Pain condition <i>in the absence of endometriosis</i> *: - Chronic pelvic pain, fibromyalgia - Myofascial pain syndrome, mesh-related pain Pregnant Post-menopausal Vestibulitis, vulvodynia Untreated substance abuse Untreated psychiatric disorder	<p><i>*Please note that this specialty clinic exclusively manages complex endometriosis with multidisciplinary surgical and radiological expertise.</i></p> <p><i>For patients who do not meet criteria, we suggest:</i></p> <ul style="list-style-type: none"> <li>▪ For suspected endometriosis without prior specialized imaging, consider an <b>Endometriosis Ultrasound</b>. <b>Fax: 514-843-2888</b></li> <li>▪ For patients without detectable endometriosis on imaging: consider a referral to Gynecology through the <b>CRDS</b> or to the <b>MUHC Gynecology Clinic @ Crowley Medical Clinic</b>. <b>Fax: 514-865-5607</b> or <b>Email: <a href="mailto:info@crowleymd.com">info@crowleymd.com</a></b></li> <li>▪ For chronic pain, please refer to the <b>Alan Edwards Pain Management Unit</b>. <b>Link: <a href="http://www.mcgill.ca/paincentre/clinicians/refer-your-patient">www.mcgill.ca/paincentre/clinicians/refer-your-patient</a></b></li> </ul>

### Referring MD:

Name: \_\_\_\_\_ No. Licence: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Fax: \_\_\_\_\_