

# COLPOSCOPY PROGRAM REFERRAL FORM

*A program for patients with suspected lower genital tract neoplasia*

**Fax: 705-797-2967    Tel: 705-728-9090 ext. 46795**

**Date of Referral (DD/MM/YYYY):** \_\_\_\_\_

Referring Physician Information	Primary Care Physician Information
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Referring Physician ( ) ( ) OHIP Billing # ( ) Phone # Fax #	<input type="checkbox"/> Same as Referring Physician Primary Physician ( ) ( ) OHIP Billing # ( ) Phone # Fax #
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### Patient Information

Patient Name	Date of Birth (DD / MM / YYYY) ( ) ( )			
Street Address	Home Phone # Business/Other Phone #			
City, Province	Postal Code	Health Card #	Version	Expiry date

### Reason for Referral

Date of Referral (DD/MM/YYYY): \_\_\_\_\_

Referral Reason (Diagnosis): \_\_\_\_\_

New Referral                                     
  Transfer care from outside RVH                                     
  2<sup>nd</sup> Opinion  
 Repeat Referral

### Clinical & Diagnostic Information

- Most recent cytology results (Required)**
- Clinical information
- Imaging (Ultrasound, CT Scan, MRI)
- Surgical Pathology
- Operative Note
- Other \_\_\_\_\_

### Indication for colposcopic evaluation

- |   |  |
|---|--|
| <input type="checkbox"/> Abnormal cervical cytology | <input type="checkbox"/> Cervical lesion |
| <input type="checkbox"/> Abnormal vaginal cytology  | <input type="checkbox"/> Vaginal lesion  |
| <input type="checkbox"/> HPV positivity             | <input type="checkbox"/> Vulvar lesion   |
| <input type="checkbox"/> DES exposure               | <input type="checkbox"/> Perianal lesion |
| <input type="checkbox"/> Other _____                |  |

**Please note:** This program provides care for patients suspected to have pre-invasive **lower genital tract neoplasia only**. If your patient requires a benign gynecology review, please refer directly to a gynaecologist. If you suspect malignancy, please refer directly to a gynaecologic oncologist.

**Fax your completed form to 705-797-2967.**

**This patient remains under the care of the referring physician until seen by our program.**

**Please ensure your patient is aware of referral. Patients will be contacted directly with appointment.**

