MICHAEL GARRON HOSPITAL
TORONTO EAST HEALTH NETWORK

Proud member of
East Toronto Health Partners

COLPOSCOPY CLINIC REFERRAL FORM

TEL: (416) 469-6031 FAX: (416) 469-6458

REF

☐ **Routine** ☐ **Urgent**

Patient ID Label

Patient Last Name:	Given Name:	☐ M ☐ F	Date of Birth: (DD / MMM / YYYY)
Address:	Apt#:		Telephone Number – Primary Number: ( )
Town or City:	Province:	Postal Code:	Telephone Number – Work Number: ( )
Contact Person (Caregiver/Parent/Guardian:	Relationship To Patient:		Telephone Number - Contact Person: ( )
Family Physician:	**Ontario Health Card Number:** Version Code		**Email Address for Virtual Consult:**

Height (cm):	Weight (kgs):	Allergies: ☐No ☐Yes ☐Unknown

Required Questions:	PRIVACY: If we call the patient, can we leave a voice message?	☐No ☐Yes
	WSIB: Is this treatment due to a work related injury?	☐No ☐Yes
	American Sign Language interpreter required?	☐No ☐Yes
	Language interpreter required? - specify:	☐No ☐Yes

Referred To: ☐ First Available Appointment ☐ Dr. Helena Frecker ☐ Dr. Brenda Woods ☐ Dr. Meghan Brown

Referral Date:

Reason For Referral:

IMPORTANT!

Please send all pertinent lab reports, mammogram & ultrasound reports.

If you have schedule a mammogram or ultrasound, please record the date of the appointment.

- ☐ Cytology NILM, ASCUS, or LSIL w/ positive HPV (types 16, 18/45) on first or repeat test
- ☐ Cytology NILM, ASCUS, or LSIL w/ positive HPV (other high-risk types) on repeat test
- ☐ Cytology ASC-H, LSIL-H, or HSIL with any positive HPV on first or repeat test
- ☐ Cytology AGC/AEC with any positive HPV on first or repeat test
- ☐ Cytology AIS with any positive HPV on first or repeat test
- ☐ Cytology concerning for carcinoma / malignancy (SCC, ACC, ACC-E, or PDC) with any positive HPV first or repeat test
- ☐ Abnormal appearing cervix concerning for carcinoma / malignancy
- ☐ Abnormal appearing cervix: polyp / cyst / lesion / erosion, etc
- ☐ Colposcopy patients previously seen at MGH, but lost to follow-up
- ☐ Other:

** Please note: Referrals not meeting the above criteria will be DECLINED, e.g.
• HPV-negative results at first or repeat test, with no visible cervical abnormalities or abnormal symptoms indicated at referral
• HPV-positive (other high-risk types) with NILM, ASCUS or LSIL cytology results at first test
• HPV-negative results at the time of hysterectomy or on a vaginal vault test

Investigations To Date: * **HPV and cytology reports are required prior to the consultation appointment date.** Please send other results / documentation as clinically relevant.

Reason for Referral / dates of suspicious findings:

Past Medical History:

Medications:

Referring Physician:	Physician Name:	
	Telephone Number: ( )	Fax Number: ( )
	Physician's Signature:	Billing#:

Appointment Information:

Ocean by CognisantMD — Ontario eServices Program

We now accept Ocean eReferrals for various clinics. The best way to find Specialist and refer your patients. For more information and to sign-up for your Ocean user account, contact Ontario eHealth at **eReferral@ehealthce.ca**