ST. JOSEPH'S
UNITY HEALTH TORONTO

COLPOSCOPY/VULVA REFERRAL FORM

St. Joseph's Health Centre
Toronto ON M6R 1B5
T: 416-530-6043 F: 416-530-6050

P000304

Please note an incomplete referral will not be accepted and will be returned to the referring office.

Patient Information:

Last Name:	First Name:
Date of Birth (YYYY/MM/DD):	SJHC MRN (J#)
Primary Phone No. : ( )	Alternate Phone No.: ( )
OHIP # and Version Code:	Other Provincial Registration Number:

COLPOSCOPISTS

☐ 1st Available ☐ Dr. C. Bambao ☐ Dr. N. Cherry ☐ Dr. B. Grygowski
☐ Dr. L. Jain ☐ Dr. A. Ternamian ☐ Dr. A. Sarangapani

REASON FOR REFERRAL TO COLPOSCOPY:

☐ **High-grade abnormal cytology**, including ASC-H, AGC or greater, AIS

Low-grade cytology:
☐ ASCUS + consecutive low grade abnormal (ASCUS + ASCUS or ASCUS + LSIL)
☐ LSIL + consecutive low grade abnormal (LSIL + LSIL or LSIL + ASCUS)
☐ One ASCUS + HPV-positive
☐ One LSIL + HPV-positive

Low-grade cytology:
☐ One LSIL
☐ ASCUS + consecutive low-grade abnormal (ASCUS + ASCUS or ASCUS + LSIL)
☐ LSIL + consecutive low-grade abnormal (LSIL + LSIL or LSIL + ASCUS)

Fax referral with patient's results to the ACC Central Booking Office
The ACC Booking Office will call the patient with an appointment date/time and location if the referral is accepted

VULVA SPECIALISTS

☐ 1st Available ☐ Dr. L. Jain ☐ Dr Y. Kirkham

REASON FOR REFERRAL TO VULVA:

☐ Vulvar pain	☐ Vulvar itch	☐ Vulvar disorders (LS, atypical areas, condylomas)
☐ Vulvar skin changes	☐ Dyspareunia	☐ Other (describe)

CONSIDERATIONS

☐ MRSA	Language:
☐ VRE	Interpreter Required:
☐ OTHER	Physical Limitations:
	Other:

REFERRING PHYSICIAN INFORMATION

Referring Physician:		Email:
Address:	Telephone:	Date:
OHIP Billing #:	Fax:	Signature: _____

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TO BE COMPLETED BY COLPOSCOPY CLINIC STAFF				
Urgency:	☐ Within 2 weeks	☐ 4 weeks	☐ 12 weeks	☐ Next available
Appointment with Dr:		Date:		Time:
☐ Please refax referral with relevant pap results or criteria		☐ Referral does not meet current criteria as per CCO guidelines		
Referral Triage Physician:			Date:	
☐ Dr. C. Bambao ☐ Dr. L. Jain	☐ Dr. N. Cherry ☐ Dr. Y. Kirkham	☐ Dr. B. Grygowski ☐ Dr. A. Sarangapani ☐ Dr. A. Ternamian		☐ ☐ ☐