Erie St. Clair
Regional Cancer Program
Ontario Health (Cancer Care Ontario)

Colposcopy Referral Form

- Please use this form to indicate reason for referral to Colposcopy.
- Incomplete referral forms, including those without HPV test results attached, will not be processed.
- **Referrals should be sent within <u>ONE WEEK</u> of the result date to allow for appropriate triaging and booking.**

PATIENT INFORMATION (please print)		
Name:	DOB:	Health Card #: Version Code:
Home #:	Alt. #:	Address:

COLPOSCOPY REQUIRED	**COLPOSCOPY POSSIBLY INDICATED**
☐ Suspicious lesion, cancer or dysplasia on (please circle): Cervix / Vulva / Vagina / Imaging	☐ Post-coital bleeding [1 PAP/HPV test result]
☐ HPV-Positive (Type 16,18, 45): REGARDLESS OF CYTOLOGY	☐ Vulvar Disorders (lichen sclerosis, atypical areas)
☐ HPV-Positive (Other High-Risk Types) HIGH-GRADE CYTOLOGY	☐ Other (please describe):
☐ HPV-Positive (Other High-Risk Types) NORMAL or LOW-GRADE CYTOLOGY – **MODERATE RISK CRITERIA	
☐ HPV-Positive result (cytology N/A) on a repeat test conducted 2 years following initial HPV positive (other high-risk types) – normal or low-grade cytology result.	

PAST COLPO AND VACCINATION HISTORY	**HPV AND CERVICAL CANCER RISK FACTORS**	
Has this patient had a previous Colposcopy? ☐ Yes Date:_____ Location:_____ ☐ No ☐ Unsure **Previous HPV Vaccine:** ☐ Yes ☐ No	☐ HPV Positive-16/18/45 ☐ Immunocompromised ☐ Smoking	☐ Previous Cone or LEEP ☐ Multiple sexual partners

REFERRING PROVIDER		**PRIMARY CARE PROVIDER**	
Name:	OHIP Billing #:	☐ Same as Referring Provider	
Phone:	Fax:	Name:	OHIP Billing #:
Address:		Phone:	Fax:
Signature: _____		Address:	

TO BE COMPLETED BY COLPOSCOPY CLINIC STAFF ONLY			
Date Referral Received:	Schedule Within: ☐ 2 weeks (high-grade, urgent) ☐ 4 weeks (high priority) ☐ 10 weeks (routine) ☐ Other:_____	Appointment Date: Time:	Additional Notes:
☐ Please re-fax referral with relevant HPV results or criteria.			
☐ Referral does not meet current OCSP Colposcopy Referral Criteria:			

** Moderate risk defined as First-time ASCUS/LSIL result or ASCUS/LSIL followed by normal cytology, or is screening annually after discharge from colposcopy with persistent low-grade cytology.

Last Revised: April 7, 2025