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

Colposcopy Referral Form

Please use this form to indicate the reason for referral to Colposcopy. This form does not imply Colposcopy is required in all cases below. Complete all sections of the form and attach all Pap Test results. Incomplete/illegible referrals will be returned, resulting in delay of appointment booking.

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

COLPOSCOPY REQUIRED *(please attach all reports with referral form)*	**COLPOSCOPY POSSIBLY INDICATED** *(please attach all reports with referral form)*
☐ ASCUS / LSIL [2 occurrences]	☐ Post-coital bleeding [1 Pap Test result]
☐ ASC-H / HSIL / AGC / AIS [1 occurrence]	☐ Vulvar Disorders (lichen sclerosus, atypical areas)
☐ Suspicious lesion, cancer or dysplasia on (please circle): Cervix / Vulva / Vagina / Imaging	☐ Other (please describe):

Note: Based on your clinical judgement, any abnormal clinical findings should be referred to Colposcopy.

PAST COLPOSCOPY AND VACCINATION HISTORY	**HPV AND CERVICAL CANCER RISK FACTORS**
Has this patient had a previous Colposcopy? ☐ Yes Date:____________ Location: _______________ ☐ No ☐ Unsure Previous HPV Vaccine: ☐ No ☐ Yes	☐ HPV DNA positive 16/18 ☐ Multiple sexual partners ☐ Immunocompromised ☐ Previous Cone or LEEP ☐ Smoking

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

TO BE COMPLETED BY COLPOSCOPY CLINIC STAFF ONLY

Date Referral Received	**Schedule Within**	**Appointment**	**Additional Notes**
	☐ 2 weeks (Urgent) ☐ 4 weeks (High Priority) ☐ 10 weeks (Routine) ☐ Other: ________________	**Date:** **Time:**	

☐ **Please refax referral with relevant pap results or criteria**

☐**Referral does not meet current criteria as per OH-CCO guidelines:**

CONFIDENTIALITY NOTICE: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law.
If you are not the intended recipient, please contact the sender and destroy all copies of the original.

AIS	Adenocarcinoma in situ
AGC	Atypical glandular cells
ASC-H	Atypical squamous cells—cannot exclude HSIL
ASCUS	Atypical squamous cells of undetermined significance
HSIL	High-grade squamous intraepithelial lesion
LSIL	Low-grade squamous intraepithelial lesion
LSIL-H	LSIL—cannot exclude HSIL

Last Revised: September 13, 2023