Island Health

Colposcopy/ Vulvar Assessment Clinic Referral

PATIENT INFORMATION		PROVIDER INFORMATION
First name		Referring practitioner
Last name		MSP # ☐ Locum
Date of birth (dd/Mmm/yyyy)		Clinic Name Street Address Phone STAMP Fax
PHN	MRN	
Encounter #:		
Primary Phone number		Primary Care Provider ☐ Same as ordering practitioner
Email (optional)		Copy to (full name)

Financial responsibility: ☐ BC Resident-MSP ☐ Other Province: _____ ☐ Uninsured Services ☐ Non-Resident Canada ☐ Self ☐ Armed Forces: _____

All Referrals MUST include Cytology Result - Incomplete forms will be returned.

CYTOLOGY RESULT	OTHER REASON FOR REFERRAL	PROCEDURE REQUESTED
☐ Unsatisfactory Squamous ☐ ASC-US ☐ LSIL (mild) ☐ ASC-H ☐ HSIL (Mod/ Severe) ☐ Carcinoma in situ ☐ Malignant Glandular ☐ AGC NOS ☐ AGC Neoplastic ☐ AIS ☐ Malignant	☐ HPV Positive ☐ HPV 16 /18 - Included Results: _____ ☐ HPV High Risk Other ☐ Vulvar Lesion NYD ☐ Hx- VIN ☐ Hx-Pagets ☐ Hx-Vulvar Dermatoses ☐ Other:_____ ☐ Clinical Abnormality of the Cervix *Please Describe* ☐ DES Exposure	☐ Colposcopy ☐ Repeat Colposcopy ☐ LEEP ☐ Follow-Up ☐ Vulvar Assessment **Clinical Comments:** **Pregnant?** ☐ Yes ☐ No LMP / Weeks: _____

Current Weight: Bariatric Patient ☐ Yes ☐ No

RJH Preferred Physician		NRGH Preferred Physician
☐ First Available	☐ Dr. Mazgani	☐ First Available
☐ Dr. Cohen	☐ Dr. Quinlan	☐ Dr. Arbelaez
☐ Dr. Hancock	☐ Dr. Lee	☐ Dr. Somerville
☐ Dr. Hunt		

RJH Routing	NRGH Routing
Fax: 250-519-1551 Colposcopy Clinic RJH D & T Building 1952 Bay Street, Victoria BC V8R 1J8 **Booking Telephone: 250-370-8884**	**Fax: 250-755-7664** Colposcopy Clinic NRGH- Ambulatory Care 1200 Dufferin Crescent, Nanaimo BC V9S 2B7 **Booking Telephone: 250-716-7741**
Appointment Date/Time:	**Patient Notified** ☐ Yes ☐ No