



Thunder Bay Regional
Health Sciences
Centre

REFERRAL TO THE COLPOSCOPY CLINIC

Place Patient Label with
Barcode Here

Guidelines: To be completed by referring provider. Completed form to be filed in patient's health record

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|---------------------------------|--|
| Referring Health Care Provider: | |
| Primary Health Care Provider: | |
| Date of Referral: | |

Referral for an Abnormal Pap Test (Please Attach all Pap & Biopsy Results)

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|---------------------------------|---|--|--|
| Referring Pap Test | <input type="checkbox"/> Carcinoma | <input type="checkbox"/> HSIL | <input type="checkbox"/> LSIL / LSIL-H |
| | <input type="checkbox"/> AGC / AGUS | <input type="checkbox"/> ASCUS x 2 | <input type="checkbox"/> ASC-H |
| Date of Referring Pap Test | | | |
| Previous Pap Test | <input type="checkbox"/> Carcinoma | <input type="checkbox"/> HSIL | <input type="checkbox"/> LSIL / LSIL-H |
| | <input type="checkbox"/> AGC / AGUS | <input type="checkbox"/> ASCUS / ASC-H | <input type="checkbox"/> NILM |
| Date of Previous Pap Test | | | |
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Received HPV Vaccine | <input type="checkbox"/> Previous Colposcopy | |

Referral for a Cervical, Vaginal or Vulvar Lesion

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|-------------------------|--|
| Description of lesion | |
| Biopsy Result (if done) | |
| Date of Biopsy | |
| Most Recent Pap | |
| Date of Most Recent Pap | |

AGC Atypical glandular cells
 AGUS Abnormal glandular cells of undetermined significance
 ASC-H Atypical squamous cells – cannot exclude HSIL
 ASCUS Atypical squamous cells of undetermined significance
 NILM Negative for intraepithelial lesion and malignancy

HPV Human papillomavirus
 HSIL High-grade squamous intraepithelial lesion
 LSIL Low-grade squamous intraepithelial lesion
 LSIL-H LSIL cannot exclude HSIL

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