VGH GYNECOLOGY CLINICS (FORMERLY WOMEN'S CLINIC)

COLPOSCOPY CLINIC REFERRAL FORM

PCIS LABEL

THIS SPACE FOR VGH GYNECOLOGY CLINICS USE ONLY

	Gordon and Leslie Diamond Health Car 6th Floor - 2775 Laurel Street, Vancouve	e Centre			
	Name:	Address:			
PATIENT DETAILS	Date of Birth:	Telephone Home:	Work:		
PATI DET/	PHN #:	Referring MD Name:	Billing #:		
	Cytology Lab ID Number:	Referring MD Telephone:	Fax:		
	Patient referred for: assessment only assessment and management				
REASON FOR COLPOSCOPY	Was Colposcopy recommended by BCCA?: Yes No If yes, FAX CYTOLOGY REPORT WITH THIS FORM				
	Reason for referral if Colposcopy not recommende				
	Fax Pathology report if applicable: Colposcopy at another Center Cytology out of province Other:				
HISTORY	Is patient pregnant?: Yes No If yes, due date: Allergies: Latex Penicillin Iodine Other:	☐ Local Anaesthetic			
	Disabilities: Mental Physical Specify assistance required:				
PATIENT	Is this patient FLUENT in English?: Yes No If no, specify which language patient speaks:				
	List OTHER physicians requiring copies of results Physician: Physician:	: Billing #: _			
	PLEASE COMPLETE THIS FORM FAILURE TO COMPLETE THIS FORM IN F Your office will be informed of date	FULL WILL RESULT I and time of appointment	IN APPOINTMENT DELAY. via fax.		
Triage Inf	formation - For VGH Gynecology Clinics (former	y Women's Clinic)Use	Only		

Triage Information - For VGH Gynecology Clinics (formerly Women's Clinic) Use Only					
appt. within 3 wks. appt. within 8 wks.	appt. within 12 wks. HPV + & neg. pap - appt. 4 mo.				
☐ Inappropriate referral					
Triaged by:	Date:				
VCH VA VGH 0512 LOCT 2023					