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Minimally Invasive Surgery
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For referral forms: www.obgyngracey.com

COLPOSCOPY REFERRAL FORM

Referral Date (DD/MM/YY): ___/___/___

Referral instructions:

1. Fax this referral form to **(647) 361-0451**
2. Include copies of all appropriate test results
3. Office will return a fax to the referring provider with patient appointment time

Patient Information (or affix label)

First Name: _____
Last Name: _____
DOB (DD/MM/YY): ___/___/___
Address: _____
Home #: (____) _____
Cell #: (____) _____
Health Card #: _____ VC: _____ Expiry: _____

Any visible cervical abnormalities or abnormal symptoms must be investigated by a specialist (e.g., colposcopist, gyne-oncologist, gynecologist) regardless of cytology findings.

As per the Ontario Cervical Screening Program's cervical screening guidelines, *please select the criteria for referral* to colposcopy:

Women of any age	<input type="checkbox"/> High-grade abnormal cytology , including ASC-H, HSIL, AGC or greater
Women age 30 and older	Low-grade cytology: <ul style="list-style-type: none"> <input type="checkbox"/> One LSIL; <input type="checkbox"/> ASCUS + consecutive low-grade abnormal (ASCUS + ASCUS or ASCUS + LSIL); <input type="checkbox"/> LSIL + consecutive low-grade abnormal (LSIL + LSIL or LSIL + ASCUS); <input type="checkbox"/> One ASCUS + HPV-positive; or <input type="checkbox"/> One LSIL + HPV-positive.
Women age 29 and younger	Low-grade cytology: <ul style="list-style-type: none"> <input type="checkbox"/> One LSIL; <input type="checkbox"/> ASCUS + consecutive low-grade abnormal (ASCUS + ASCUS or ASCUS + LSIL); or <input type="checkbox"/> LSIL + consecutive low-grade abnormal (LSIL + LSIL or LSIL + ASCUS). <p>Note: current evidence does not support HPV testing for women under 30 because the rate of transient (clinical inconsequential) infections is higher younger women.</p>
AGC = atypical glandular cells ASC-H = atypical squamous cells – cannot exclude HSIL ASCUS = atypical squamous cells of undetermined significance	
HPV = human papillomavirus HSIL = high-grade squamous intraepithelial lesion LSIL = low-grade squamous intraepithelial lesion	

Women over 30 with LSIL or ASCUS Pap, who are HPV negative, do not require colposcopy and should be screened every 3 years. These women are at or below population risk for high-grade dysplasia or cervical cancer.

Referring Provider Information (or affix stamp):

Provider Name: _____	Address: _____
Billing #: _____	_____
Fax: () _____	_____
Phone: () _____	_____

Please fax completed referral form to (647)361-0451. Fax Disclaimer: This fax transmission contains confidential information that is intended only for Dr. Grace Yeung Medicine Professional Corporation. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of the contents of this fax is strictly prohibited. If you have received this fax transmission in error, please immediately notify the referring health practitioner at the telephone number provided above to arrange for the return or destruction of this document.