



**Sinai  
Health**

**REFERRAL TO THE  
COLPOSCOPY CLINIC**

Place Patient Label

**Guidelines:** 1) To be completed by referring provider or designate. 2) Fax completed form to **416-586-5941**

<b>Date of Referral:</b>	
<b>Patient Name</b> Date of Birth and Phone Number	
<b>Referring Health Care Provider</b> Name and Contact Information:	
<b>Primary Health Care Provider</b> Name and Contact Information:	

**■ Referral for Abnormal Cervical Screening (Please Attach all Results)**

<b>Date of Abnormal Cervical Screening Result (MM/DD/YYYY):</b>	
<input type="checkbox"/> HPV16 or HPV18/45 regardless of cytology	Urgent – to be seen within 4 weeks from date of result
<input type="checkbox"/> HPV positive ( <b>NOT</b> HPV16 or HPV18/45) with high grade cytology (ASC-H, LSIL-H, HSIL, AGC, AIS, SCC, ACC, ACC-E, PDC)	Urgent – to be seen within 4 weeks from date from result
<input type="checkbox"/> HPV positive ( <b>NOT</b> HPV16 or HPV18/45) with low grade cytology (NILM, ASCUS, LSIL) AND repeat screen HPV positive	Non-urgent – to be seen within 12 weeks from date of result
<input type="checkbox"/> HPV positive (not 16 or 18/45) with low grade cytology (NILM, ASCUS, LSIL)	<b>Referral declined.</b> Repeat HPV test in 2 years
<input type="checkbox"/> High risk HPV negative	<b>Referral declined.</b> Repeat HPV test in 5 years or 3 years if immunocompromised.

**Referral for Other Gynaecological Conditions**

To refer a patient to a Mount Sinai Hospital gynaecologist, please review the list of providers at:  
<https://www.sinaihealth.ca/areas-of-care/wih/gynaecology/gynaecology-referrals>

**■ Special Considerations**

<input type="checkbox"/> Translator/Interpreter	<input type="checkbox"/> Mobility Assistance	<input type="checkbox"/> Non-OHIP	<input type="checkbox"/> Other
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ACC	Adenocarcinoma	HPV	Human papillomavirus
ACC-E	Endocervical adenocarcinoma	HSIL	High-grade squamous intraepithelial lesion
AGC	Atypical glandular cells	LSIL	Low-grade squamous intraepithelial lesion
AIS	Adenocarcinoma in situ	LSIL-H	LSIL – cannot exclude HSIL
ASC-H	Atypical squamous cells – cannot exclude HSIL	PDC	Poorly differentiated carcinoma
ASCUS	Atypical squamous cells of undetermined significance	SCC	Squamous cell carcinoma