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| **Scope Nurse Navigator Contact Information:** |
| **St. Mary’s KW4 SCOPE Program GRH/SMGH**  Fax: **226-215-3335**  Phone**: 226-972-5025**  Email: [**scope@smgh.ca**](mailto:scope@smgh.ca) |



**WATERLOO WELLINGTON HIGH-GRADE COLPOSCOPY CENTRAL REFERRAL PROGRAM**

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| **\*\*\*This referral pathway is for high-grade cytology results ONLY\*\*\***  Please refer all other colposcopy results (see guidelines below) to an individual colposcopist’s office.  **Please complete ALL of the following information and send it to SCOPE Nurse Navigator.** We will contact your office with the appointment after completing all required information. If you have not received notification of an appointment in 14 days, please contact us to confirm receipt. |

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| **Patient Demographics:** | **Referring Physician:** |
| Name: Click or tap here to enter text.  DOB: Click or tap here to enter text.  HCN #: Click or tap here to enter text.  Address: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Email: Click or tap here to enter text. | Name: Click or tap here to enter text.  Address: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Fax: Click or tap here to enter text.  CPSO #: Click or tap here to enter text.  Billing #: Click or tap here to enter text. |

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| **Referral Information (Select one):** | **Cervical screening results accepted by this program:** |
| Refer to the next available colposcopist (shortest wait time)  Refer to the specific colposcopist (longer wait time)  Select Physician Choose an item. | ASC-H  HSIL  AGC  AIS  Malignancy |

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| **Required Results/Documents:** |
| Please provide most recent:  Pap smear(s)  Biopsy/swab/other lab results |

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| **Notes/Comments:** |
| Click or tap here to enter text. |

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| **Refer all other abnormal cervical screening test results to colposcopy. Please refer to an individual colposcopist’s office. You do not need a referral form.** |
| **Screening with cytology:**   * A low-grade cytology result (ASCUS or LSIL) followed by another low-grade cytology result (ASCUS or LSIL) at the 12 month repeat cytology test * A low-grade cytology result (ASCUS or LSIL) followed by a normal cytology result (NILM) at the 12 month repeat cytology test, and then followed by a low-grade cytology result (ASCUS or LSIL) at the second 12 month repeat cytology test |
| **Screening with HPV testing1, if available:**   * A low grade-grade cytology result (ASCUS or LSIL) and HPV-positive (type 16/18)2 * A low grade cytology result (ASCUS or LSIL) at repeat cytology test and HPV-positive (regardless of subtype) |