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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** |



**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)
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