Waterloo Wellington **Regional Cancer Program** Ontario Health (Cancer Care Ontario)

Patient Demographics:

Screening with cytology:

Name:

DOB:

HCN #:

Scope Nurse Navigator Contact Information:

WRHN KW4 SCOPE Program



Referring Physician:

Fax: 226-215-3335 Phone: 226-972-5025

WATERLOO WELLINGTON HIGH-GRADE COLPOSCOPY CENTRAL REFERRAL PROGRAM

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.

Name:

Address: Phone:

Address:	Fax:
Phone:	CPSO #:
Email:	Billing #:
Referral Information (Select one):	Cervical screening results accepted by this program:
Refer to the next available colposcopist (shortest wait time	AIS (adenocarcinoma in situ) AGC (atypical glandular cells) ASC-H (atypical squamous cells, cannot rule out
Refer to the specific colposcopist (longer wait time)	HSIL)
Select Physician	HPV (human papillomavirus)16/18/45 positive with any cytology
	HSIL (<i>high-grade squamous intraepithelial lesion</i>) Malignancy
Required Results/Documents:	Has the patient been offered HPV vaccination:
Please provide most recent:	Received vaccination
Please provide most recent: Pap smear(s)	Received vaccination Declined vaccination
Please provide most recent: Pap smear(s) Biopsy/swab/other lab results	Received vaccination
Please provide most recent: Pap smear(s)	Received vaccination Declined vaccination
Please provide most recent: Pap smear(s) Biopsy/swab/other lab results	Received vaccination Declined vaccination
Please provide most recent: Pap smear(s) Biopsy/swab/other lab results	Received vaccination Declined vaccination
Please provide most recent: Pap smear(s) Biopsy/swab/other lab results	Received vaccination Declined vaccination
Please provide most recent: Pap smear(s) Biopsy/swab/other lab results	Received vaccination Declined vaccination
Please provide most recent: Pap smear(s) Biopsy/swab/other lab results	Received vaccination Declined vaccination Did not offer vaccination

A low-grade cytology result (ASCUS or LSIL) followed by another low-grade cytology result (ASCUS or LSIL) at the 12 month: repeat cytology

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.