

GYNECOLOGY REFERRAL FORM



DATE OF REFERRAL: _____	URGENCY: <input type="checkbox"/> URGENT <input type="checkbox"/> SEMI-URGENT <input type="checkbox"/> NON-URGENT
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PATIENT INFORMATION	
NAME: _____	DOB: _____
ADDRESS: _____	PHN: _____
	TEL: HOME: _____
EMAIL: _____	CELL: _____

REFERRING PHYSICIAN	
NAME: _____	MSP: _____
ADDRESS: _____	TEL: _____
	FAX: _____

REASON FOR REFERRAL	Supporting Documents	Attached	To Follow
	Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>
	Bloodwork	<input type="checkbox"/>	<input type="checkbox"/>
	Cultures	<input type="checkbox"/>	<input type="checkbox"/>
	Pap	<input type="checkbox"/>	<input type="checkbox"/>
EXAM FINDINGS:	Other	<input type="checkbox"/>	<input type="checkbox"/>

RELEVANT MEDICAL HISTORY	MEDICATIONS

GYNECOLOGIST DIRECTORY

NAME	FAX	LOCATION
Dr. John Cooper	250-592-5704	Victoria
Dr. Joëlle Dennie	250-590-4964	Victoria
Dr. Sherri Hancock	778-432-4545	Colwood
Dr. Sarah Hodgson	250-391-1900	Victoria
Dr. Harold Hunt	250-386-1994	Victoria
Dr. Kim MacDonald	250-592-0579	Victoria
Dr. Kelsey Mills	778-698-2004	Colwood
Dr. David Quinlan	250-595-1097	Victoria
Dr. Flora Teng	250-656-0223	Sidney
Dr. Kellie Whitehill	250-419-4602	Victoria

GUIDELINES FOR DETERMINING LEVEL OF URGENCY

EMERGENT – Patient should be sent to ER at VGH

Suspected ectopic pregnancy
Bartholin's abscess (NOT SIMPLE CYST)

Significant vaginal bleeding
Suspected ovarian torsion

URGENT (2-4 weeks)

Post menopausal bleeding
Menorrhagia (Hb <100)

Complex adnexal mass
Concerning vulvar lesions

SEMI-URGENT (2-5 months)

Menorrhagia (Hb > 100)
Simple adnexal mass
Irregular periods
Vulvar disorders

Acute pelvic pain
Dysmenorrhea
Infertility

NON-URGENT (> 6 months)

Prolapse
Bartholin's cyst
Sterilization
Challenging pap tests
Chronic pelvic pain

Incontinence
Dyspareunia
Vaginal discharge
Contraception
Menopause