

Patient Information	Referring Physician/Nurse Practitioner
Name:	Name:
Address:	Address:
DOB (DD/MMM/YYYY):	Phone #:
PHN:	Fax#:
Phone #:	Date of Referral:
Physician/NP Signature:	

**REASON FOR REFERRAL/CLINICAL QUESTION (MANDATORY FIELD)**

Language Interpretation Services Requires

**COMORBID CONDITIONS (CHECK ALL THAT APPLY)**

<input type="checkbox"/> Malignancy	<input type="checkbox"/> Cognitive Impairment		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INCLUDE COPIES of ALL THE FOLLOWING RESULTS/INFORMATION**

<input type="checkbox"/> Pelvic ultrasound	<input type="checkbox"/> Menstrual diary	<input type="checkbox"/> Bladder diary	<input type="checkbox"/> HPV/pap results
<input type="checkbox"/> Biopsy results	<input type="checkbox"/> CBC	<input type="checkbox"/> Medication List	<input type="checkbox"/>

**GYNECOLOGY CLINIC REFERRAL DOES NOT APPLY TO PATIENTS REQUIRING EMERGENCY CARE  
PLEASE CHECK OFF REASON FOR REFERRAL FROM THE LIST BELOW:**

TRIAGE CATAGORIES	TRIAGE CRITERIA (NOT ALL INCLUSIVE)	REFERRAL PROCESS
<b>Highest</b>	<ul style="list-style-type: none"> <li>○ Suspected malignancy</li> <li>○ Post Menopausal bleeding</li> <li>○ Pelvic mass</li> <li>○ Severe AUB/Anemia</li> <li>○ HPV strain 16, 18, 45</li> <li>○ Positive HPV any type <b>after</b> reflex pap for high-risk HPV, and repeat HPV test after 12 months</li> <li>○ High grade reflex pap (ASC-H, HSIL, AGC, AIS, Carcinoma or suspicious for Carcinoma)</li> </ul>	Internal referral via EMR or fax
<b>High</b>	<ul style="list-style-type: none"> <li>○ Internal consults (Gyne, Pessary clinics)</li> <li>○ Consults from other Gyne, AART (HSG, Hysteroscopy)</li> <li>○ Postcoital bleeding</li> <li>○ Abnormal exam or ultrasound findings (includes asymptomatic endometrial thickening)</li> <li>○ Postpartum abnormalities</li> </ul>	Internal referral via EMR or fax
<b>Medium</b>	<ul style="list-style-type: none"> <li>○ Difficult Pap/HPV test/exam</li> <li>○ Suspect fistula</li> <li>○ Pelvic pain/endometriosis/Dysmenorrhea</li> <li>○ Pregnancy counseling</li> <li>○ Amenorrhea/Premature Ovarian Failure</li> <li>○ Gender affirmation</li> </ul>	
<b>Low</b>	<ul style="list-style-type: none"> <li>○ Incontinence</li> <li>○ Overactive Bladder</li> <li>○ Contraception/tubal ligation</li> <li>○ Cervical polyps</li> <li>○ PCOS</li> <li>○ Hymenal issues</li> <li>○ Infertility</li> </ul>	
<b>Elective/Lowest</b>	<ul style="list-style-type: none"> <li>○ Menopause</li> <li>○ Decreased libido</li> <li>○ Vaginal discharge</li> <li>○ Dyspareunia</li> <li>○ Vulvodynia</li> <li>○ Recurrent yeast infections</li> <li>○ PMS/PMDD</li> <li>○ Condyloma/molluscum</li> <li>○ Vaginitis</li> <li>○ Asymptomatic pelvic findings (prolapse, fibroids)</li> </ul>	
<b>High, medium or low at discretion of triaging physician</b>	<ul style="list-style-type: none"> <li>○ AUB</li> <li>○ Fibroids</li> <li>○ IUD issues</li> <li>○ Ovarian cysts</li> <li>○ Risk reducing Bilateral Salpingoophorectomy</li> <li>○ Symptomatic prolapse</li> <li>○ Vulvar findings</li> </ul>	