

**The Women's Health Clinic** has established the following standardized criteria for referrals. To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form **prior** to requesting the referral. Please mark the appropriate box(s) as indicated.

Please provide appropriate procedure codes and authorizations for consultations and return visits.

1.	New visit Gynecology:
	☐ Current H & P
	☐ Pap cytology report
	☐ HPV report for patients > 30 years
	$\hfill \square$ Pelvic ultrasound for masses/cysts or abnormal uterine bleeding
	☐ Biopsy pathology reports
2.	Oncology:
	All referrals:
	☐ Current H & P
	☐ EMB/ECC and all biopsy pathology reports confirming cancer
	☐ Pap report
	☐ HPV report for patients > 30 years
2.a.	Additional requirements for ovarian cancer referrals:
	$\square$ CT of abdomen and pelvis
	□ CA 125
2.b.	Additional requirements for cervical cancer referrals:
	□ PET CT
3.	Gynecology Urology:
	☐ Current H& P
	☐ Urine c/s, HbA1c, creatinine
	□ Pap cytology report
	☐ HPV report for patients > 30 years
	☐ EMB for patients with abnormal uterine bleeding
	☐ Pelvic ultrasound
	☐ CT Urogram

4.	Colposcopy referrals:
	☐ Current H & P
	□ Pap cytology report
	☐ HPV report for patients > 30 years
	☐ EMB and ECC for patients with abnormal uterine bleeding
5.	Obstetrical care or Sweet Success: Designate consult only or transfer of care.
	☐ Current H & P
	☐ Pap cytology report
	☐ HPV report for patients > 30
	☐ Obstetrical ultrasound if done at PCP ( NT's and anatomy surveys)
	☐ All lab work if done at PCP (prenatal labs, urine c/s, GTT, Gonorrhea, Chlamydia)
	☐ Operative reports from all prior Cesarean(s)
	☐ Biopsy reports if applicable
	☐ Genetic screening results (AFP reports, genetic screening tests)