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
   - ☐ 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:
   - ☐ 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)