Dartmouth-Hitchcock
MEDICAL CENTER

Phone: (603) 653-9300
Fax: (603) 650-0901

Referral Form

Evaluation of Abnormal Pap and/or Colposcopy

General Obstetrics & Gynecology

To schedule your patient, please include any pertinent records including Pap smear results, pathology reports, or relevant office notes unless available in CIS.

Patient Name: ______________________________ MRN: ______________

Mailing address: ____

Home Phone: ____________ Work Phone: ____________ Cell Phone: ____________

DOB: ______________________________ *Age: ______________

*For women 20 years or younger: if Pap is ASCUS or LSIL, repeat Pap in 12 months (even if HPV positive); if that Pap (#2) is ASCUS or LSIL, repeat again in 12 months; if repeat (#3) is still abnormal, refer for colposcopy.

Current Pap Smear:

- ❑ Normal Pap with persistent High Risk HPV positive
- ❑ ASCUS with positive High Risk HPV
- ❑ LSIL

Date of Pap Smear: ______________

- ❑ HSIL
- ❑ AGUS
- ❑ Other: ______________

Prior Treatment for Abnormal Pap? ❑ Yes ❑ No

If yes, please describe: ____

Is patient pregnant? ❑ Yes ❑ No

If yes, please provide EDD: ____

Reason for Request (please check only one):

❑ Consultation & Colposcopy: Colposcopy and other evaluative testing will be performed, if indicated. We will follow up with the patient and formulate and execute treatment plans. The patient will be returned to you for decisions regarding all other aspects of her care, including follow-up pap smears and other gynecological care.

❑ Other (describe): ____

Preferred Day of Week: ______________________________ AM / PM

Please note: we strive to meet these requests, but may not always be able to do so.

Referring Provider: ______________________________ Office # ______________

Contact Person: ______________________________ Fax #: ______________

Address: ____

May we send notes to you via Hitchcock email? ❑ Yes ❑ No

Is the patient aware of this referral so she may be contacted by our office? ❑ Yes ❑ No

Would your office like notification of this appointment? ❑ Yes ❑ No