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Santé et Services sociaux Québec

DT9257

ADULT GYNECOLOGY CONSULTATION

Note: Refer to the clinical alerts on the back of the form. Favor the protocols of the Accueil Clinique for first trimester pregnancies.
This form does not apply for pregnancies beyond 14 weeks.

Patient's first and last name

Health insurance number | Expiry Year Month

Parent's first and last name

Area code Phone number | Area code Phone number (alt.)

Address

Postal code

Reason for consultation — **Clinical priority scale: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months**

Abnormal uterine bleeding (AUB)	☐ Postmenopausal		C
	Premenopausal *(Prerequisites: Hb, ß-HCG and pelvic ultrasound report)*	☐ Hb < 80	C
		☐ Hb between 80 to 120	D
		☐ Hb > 120	E
Fibroids	☐ Fibroids > 10 cm or compressive signs/symptoms *(Prerequisite: pelvic ultrasound report)*		D
	☐ Asymptomatic fibroids with a normal hemoglobin *(Prerequisite: pelvic ultrasound report)*		E
Adnexal mass	Postmenopausal *(Prerequisite: pelvic ultrasound report and CA-125 result)*	☐ Complex[1]	C
		☐ Simple	D
	Premenopausal with persistent mass over 3 cm *(Prerequisite: 2 ultrasound reports ≥ 2 months interval)*	☐ Complex[1]	C
		☐ Simple	D
	☐ With ascites or peritoneal carcinomatosis *(Prerequisite: imaging report)*		B
Neoplasia	Abnormal cytology or cervical lesion suspicious on exam **Refer directly to a colposcopy Center of your area**		
	☐ Suspicious vulvar or vaginal lesion		C
	☐ Confirmed endometrial neoplasia *(Prerequisite: pathology report)*		B

Polyps and endometrial thickening	Endometrial polyps	☐ Postmenopausal, with no bleeding (AUB)	D
		☐ Premenopausal	E
	☐ Postmenopausal endometrial thickening > 11 mm *(Prerequisite: endovaginal ultrasound report)*		D
	☐ Cervical polyp with normal cytology		E
Vulvo-vaginal	☐ Benign vulvar or vaginal pathologies		E
	☐ Recurrent and/or refractory vulvovaginitis		E
	☐ Dyspareunia or vaginism		E
Others	☐ Complex contraception issue, tubal ligation or intra-uterine device		E
	☐ Infertility[2]		E
	☐ Secondary amenorrhea over 6 months *(Prerequisite: TSH, PRL, LH, FSH, ß-HCG)*		D
	☐ Complex menopausal issues *(Prerequisite: explain the reason below)*		E
	☐ Symptomatic genital prolapse[3]		E
	☐ Suspected endometriosis or chronic pelvic pain (> 6 months) *(Prerequisite: inlude pelvic ultrasound report)*		E

☐ **Other reason for consultation or clinical priority modification *(MANDATORY justification in the next section)*:**

Clinical priority

Suspected diagnosis and clinical information (mandatory)

If prerequisite is needed :

☐ **Available in the QHR**

☐ **Attached to this form**

Special needs:

Referring physician identification and point of service

Referring physician's name | Licence no.

Area code Phone no. | Extension | Area code Fax no.

Name of point of service

Signature | Date (year, month, day)

Stamp

Family physician: ☐ **Same as referring physician** ☐ **Patient with no family physician**

Family physician's name

Name of point of service

Registered referral (if required)

If you would like a referral for a particular physician or point of service

Legend

[1] Criteria for complex adnexal mass include: heterogeneous, solid area, or with septations

[2] Infertility referral criteria:
- Infertility ≥ 1 year WITH regular menstrual cycles AND age < 35 years old
- Infertility ≥ 6 months WITH irregular cycles OR age ≥ 35 years old
- Abnormal sperm analysis
- ≥ 3 spontaneous abortions

[3] Symptomatic genital prolapse: cystocele, rectocele, uterine prolapse or evaluation/fitting for pessary

[4] Specify if Body Mass Index (BMI) over 35, if whether the patient will require translator, if patient mobility reduced, etc.

Clinical alerts (non-exhaustive list)

Refer the patient to the Emergency-department

- Suspicion or confirmed ectopic pregnancy
- Acute severe menorrhagia
- Hyperemesis gravidarum with dehydration
- Bartholin cyst abscess
- Pelvic inflammatory disease with or without tubo-ovarian abscess
- Uterine procidentia with urinary retention
- Miscarriage with active bleeding or fever
- First trimester bleeding:

  Refer the woman to the ressources available in the region: Accueil Clinique (Use the appropriate form), First Quarter Clinic.

The following care requests should be handled by primary care and not be referred through the CRDS:

Well-woman care visits including:
- Annual exam/cervical cytology (Pap test)/STI screening
- Menopause
- Contraception

N.B. Breast diseases are not taken care of by gynecology.