



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	Year	Month	Expiry
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)	<input type="checkbox"/> Postmenopausal		C	Polyps and endometrial thickening	Endometrial polyps	<input type="checkbox"/> Postmenopausal, with no bleeding (AUB)		D				
	Premenopausal <i>(Prerequisites: Hb, β-HCG and pelvic ultrasound report)</i>	<input type="checkbox"/> Hb < 80	C		<input type="checkbox"/> Premenopausal		E					
		<input type="checkbox"/> Hb between 80 to 120	D		<input type="checkbox"/> Postmenopausal endometrial thickening > 11 mm <i>(Prerequisite: endovaginal ultrasound report)</i>		D					
<input type="checkbox"/> Hb > 120	E	<input type="checkbox"/> Cervical polyp with normal cytology		E								
Fibroids	<input type="checkbox"/> Fibroids > 10 cm or compressive signs/symptoms <i>(Prerequisite: pelvic ultrasound report)</i>		D	Vulvo-vaginal	<input type="checkbox"/> Benign vulvar or vaginal pathologies		E					
	<input type="checkbox"/> Asymptomatic fibroids with a normal hemoglobin <i>(Prerequisite: pelvic ultrasound report)</i>		E		<input type="checkbox"/> Recurrent and/or refractory vulvovaginitis		E					
Adnexal mass	Postmenopausal <i>(Prerequisite: pelvic ultrasound report and CA-125 result)</i>	<input type="checkbox"/> Complex ¹	C	Others	<input type="checkbox"/> Dyspareunia or vaginism		E					
		<input type="checkbox"/> Simple	D		<input type="checkbox"/> Complex contraception issue, tubal ligation or intra-uterine device		E					
	Premenopausal with persistent mass over 3 cm <i>(Prerequisite: 2 ultrasound reports ≥ 2 months interval)</i>	<input type="checkbox"/> Complex ¹	C		<input type="checkbox"/> Infertility ²		E					
		<input type="checkbox"/> Simple	D		<input type="checkbox"/> Secondary amenorrhea over 6 months <i>(Prerequisite: TSH, PRL, LH, FSH, β-HCG)</i>		D					
<input type="checkbox"/> With ascites or peritoneal carcinomatosis <i>(Prerequisite: imaging report)</i>		B	<input type="checkbox"/> Complex menopausal issues <i>(Prerequisite: explain the reason below)</i>		E							
Neoplasia	Abnormal cytology or cervical lesion suspicious on exam Refer directly to a colposcopy Center of your area			Others	<input type="checkbox"/> Symptomatic genital prolapse ³		E					
	<input type="checkbox"/> Suspicious vulvar or vaginal lesion		C		<input type="checkbox"/> Suspected endometriosis or chronic pelvic pain (> 6 months) <i>(Prerequisite: include pelvic ultrasound report)</i>		E					
	<input type="checkbox"/> Confirmed endometrial neoplasia <i>(Prerequisite: pathology report)</i>		B									

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

Stamp

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)	

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

Registered referral (if required)

Family physician's name	
Name of point of service	

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 \geq 1 year WITH regular menstrual cycles AND age < 35 years old
- Infertility \geq 6 months WITH irregular cycles OR age \geq 35 years old
- Abnormal sperm analysis
- \geq 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 resources 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.