

# OUTPATIENT REFERRAL TO OBSTETRICS AND GYNECOLOGY

OBGYN-REF-001

## Obstetrics and Gynecology

### REFERRAL ROUTING

**Zone:** ☐ Eastern Urban ☐ Eastern Rural ☐ Central ☐ Labrador-Grenfell

*If Eastern Rural — Location:*

☐ OBGYN Burin ☐ OBGYN Carbonear ☐ OBGYN Clarenville

#### Service Required:

*Eastern Urban:*

☐ Obstetrics ☐ Gynecology ☐ Colposcopy ☐ Urogynecology ☐ Nurse Continence Advisor

*Eastern Rural — OBGYN Burin / OBGYN Clarenville:*

☐ Obstetrics ☐ Gynecology ☐ Colposcopy

*Eastern Rural — OBGYN Carbonear:*

☐ Obstetrics ☐ Gynecology ☐ Colposcopy ☐ Midwifery

*Central:*

☐ Obstetrics ☐ Gynecology ☐ Colposcopy ☐ Midwifery

*Labrador-Grenfell:*

☐ Obstetrics ☐ Gynecology ☐ Colposcopy ☐ Midwifery

### SERVICE: OBSTETRICS (all zones)

#### Reason:

☐ Routine Pregnancy Care ☐ Obstetrics 3rd Trimester ☐ Obstetrics With Complications

*If Obstetrics With Complications:*

#### Concern/Complication:

☐ Twin/Multiples ☐ Gestational Diabetes ☐ Intrauterine Growth Restriction ☐ Hypertensive Disorders of Pregnancy  
☐ Other

Provide Details: \_\_\_\_\_

#### Obstetrical History:

☐ Vaginal Deliveries ☐ C Sections ☐ Gestational Diabetes Mellitus ☐ Hypertensive Disorders of Pregnancy

Expected Date of Delivery: \_\_\_\_\_

### SERVICE: GYNECOLOGY (all zones)

#### Reason for Referral:

\_\_\_\_\_

#### Previous gynecological surgeries:

☐ Hysterectomy ☐ Ablation ☐ Oophorectomy ☐ Prolapse ☐ Other

### REFERRAL TYPE & COMMENTS (all paths)

**Referral Type:** ☐ New Referral ☐ Update to Existing Referral

**Comments:** \_\_\_\_\_

**SERVICE: COLPOSCOPY (all zones)****Reason for Referral / Abnormal Pap:**

- ☐ LSIL (Low Grade Squamous Intraepithelial Lesion)  
☐ ASC-US (Atypical Squamous Cells of Undetermined Significance)  
☐ AGC (Atypical Glandular Cells)  
☐ HSIL (High Grade Squamous Intraepithelial Lesion)  
☐ ASC-H (Atypical Squamous Cells, cannot exclude HSIL)  
☐ Abnormal Appearance of Cervix  
☐ Other

Relevant Clinical Information: \_\_\_\_\_

Date of Abnormal Pap Test: \_\_\_\_\_

Is the patient pregnant?

☐ Yes ☐ No \_\_\_\_\_

Para/Gravida/Abortions: \_\_\_\_\_

**SERVICE: UROGYNECOLOGY (Eastern Urban only)****Reason:**

- ☐ Genitourinary Syndrome of Menopause ☐ Incontinence ☐ Interstitial Cystitis/Bladder Pain ☐ Microscopic Hematuria  
☐ Obstetrical Anal Sphincter Injury (3rd and 4th degree perineal tears) ☐ Other ☐ Prolapse ☐ Recurrent UTIs  
☐ Voiding Dysfunction

*If Incontinence selected — Incontinence Type:*☐ Stress Incontinence ☐ Urge Incontinence ☐ Mixed Incontinence ☐ Insensible Losses (Patient unaware they are leaking)*If Prolapse selected — Which symptom is most bothersome?*☐ Sensation of bulge/pressure ☐ Incontinence ☐ Pelvic pain/dyspareunia**SERVICE: NURSE CONTINENCE ADVISOR (Eastern Urban only)****Reason:**☐ Nurse Continence Advisor ☐ Pessary**SERVICE: MIDWIFERY (Eastern Rural/Carbonear, Central & Labrador-Grenfell)****Reason:**

- ☐ Breastfeeding Support ☐ Contraception ☐ Home Birth Planning ☐ Newborn Assessment ☐ Postpartum  
☐ Pre-Conception Counselling ☐ Prenatal ☐ Sexual Reproductive Health

**Pre-existing Health Concerns:**☐ Insulin Dependent Diabetes (pre-existing) ☐ Serious Chronic Illness ☐ Other**REFERRAL TYPE & COMMENTS (all paths)**Referral Type: ☐ New Referral ☐ Update to Existing Referral

Comments: \_\_\_\_\_