

Colposcopy Clinic

Referral Form

Clinical History

Cervical Check Smear Yes No Date Taken: ____ / ____ / ____

Practice Details

Name: _____
Address: _____

Tel: _____
Fax: _____
Referring GP signature: _____

Patient Details

Name: _____
Address: _____

Tel: _____
Mobile: _____
Date of Birth: _____
PPS Number: _____
Mothers Maiden Name: _____

**All referrals must have referring cytology smear result attached.
Where this is not possible, please ensure patient has a copy and is
advised to bring it to their appointment.**

Referral Indication

Abnormal Smear Suspicious Cervix Contact or Post Coital Bleeding

Other: _____

Date of Smear: _____

Result of Smear: _____

Cytology Lab Requisition / Accession Number: _____

Reporting Lab: _____

Comments: _____

MPH 17126 v1.1211

Colposcopy Clinic

Rapid Access Consultant
Delivered Colposcopy Service



Referral Criteria

- Invasive neoplasia on smear
- Suspicious looking cervix
- Post coital bleeding 35yrs +
- Cervical smear showing HSIL
- Cervical smear showing LSIL
- Severe or borderline glandular dyskaryosis
- Previous smear test showing LSIL and follow-up smear result showing ASC-US
- 3 consecutive smears showing ASU-US
- 3 abnormal smears in 10 years with no previous colposcopy
- 3 inadequate smears
- 3 borderline smears
- 3 inflammatory smears
- 3 unsatisfactory smears
- Indicated by the cytopathologist

Clinic and Services

● COLPOSCOPY

● CERVICAL BIOPSY

● LLETZ

Patients presenting with high grade cytological abnormalities, which are confirmed by colposcopic examination, are offered LLETZ

The Team

Clinicians: **Dr Bill Boyd and Dr Tom Walsh**

Clinical Nurse Manager II: **Cathy Cribben-Pearse**

Referral Process

- Patients telephoned within 3 working days of receipt of referral to arrange an appointment
- Patients offered an appointment within 10 working days of referral
- Patients can call us direct on 01-885 8344

Referrals can be made using the form overleaf or by letter **with the smear report attached** to:

Post: Colposcopy Clinic, Mater Private Hospital, Eccles St, Dublin 7.

Fax: 01 885 8318 **Email:** colposcopy@materprivate.ie.