BC CANCER CERVIX SCREENING
Provincial Health Services Authority

Facilitated Referral Process

Cervix Screening Program

Colposcopy Clinic

Referrals only sent to Colposcopy Clinics with BC Cancer certified Colposcopists

Cytology result recommends colposcopy

Referral notification sent to primary care provider on file with the Cervix Screening Program

See Referral Notification template

Referral sent to Colposcopy Clinic closest to where the patient lives or previous Colposcopy Clinic

See Referral Letter template

Result letter mailed to patient using Ministry of Health address

See Patient Result Letter template

Colposcopy Clinic triages referral based on wait time standards

Colposcopy Clinic identifies appointment time for patient

Patient has a primary care provider?

No → Colposcopy Clinic uses Health Authority process to identify a primary care provider for the patient

Yes → Colposcopy Clinic contacts patient to advise of colposcopy appointment date and provide colposcopy resource information to patient

See Colpo Clinic Appt Booking Script

Patient was contacted and is booked for colposcopy?

Yes → Patient attends colposcopy appointment?

No → **Complete "Referral Update" Form**

Patient attends colposcopy appointment?

Yes → Colposcopist completes procedure information on the Colposcopy Form

No → **Complete "Referral Update" Form**

Were specimens taken during the procedure?

Yes → Wait for pathology results.

No → Complete Final Evaluation and Recommendations on Colposcopy Form

Fax top copy of Colposcopy Form to the Cervix Screening Program

Do not fax Pathology Report

Recommendation to Return to Primary Care?

Yes → Send letter to Patient/ Primary Care Provider when patient is due for next cervix screening

See Recall Letter template

No → Colposcopy clinic to rebook Patient → A

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Colposcopy or Treatment Form received by Cervix Screening Program in 4 months since referral?

No → Send letter to Colposcopy Clinic requesting procedure information or reason for patient not attending

See Clinic Reminder template

Yes → Colposcopy or Treatment Form or Referral Update Form received by Cervix Screening Program in 4 months since Clinic Reminder sent?

Yes → Colposcopy or Treatment Form or Referral Update Form received by Cervix Screening Program?

Yes → Recommendation to Return to Primary Care?

No → Send letter to Primary Care Provider requesting procedure information or reason for patient not attending

See Primary Care Provider Reminder template

Colposcopy or Treatment Form or Referral Update Form received by Cervix Screening Program?

No → End

Wait for next screen result