Colposcopy Clinic

- Please note - the referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been made the patient is notified by mail of her appointment date and time.
- IT IS NOT A GYNAECOLOGY CLINIC

<table>
<thead>
<tr>
<th>Categories for Appointment</th>
<th>Clinical description</th>
<th>Timeframe for Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1 - Urgent</td>
<td>Abnormal pap smears</td>
<td>30 days</td>
</tr>
<tr>
<td></td>
<td>High grade squamous lesions</td>
<td></td>
</tr>
<tr>
<td>Category 2 - Routine</td>
<td>Abnormal pap smears</td>
<td>&gt; 3 months</td>
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<tr>
<td></td>
<td>Low grade squamous lesions</td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>-</td>
<td>Immediate via Emergency Department</td>
</tr>
</tbody>
</table>

Eligibility Criteria

Women with abnormal smears requiring colposcopy
The aim is to manage all women with the following conditions:
- High grade squamous abnormality
- Persistent low grade squamous abnormality
- Glandular abnormality
- Abnormal looking cervix

Exclusions

Patients must live within Peninsula Health catchment area

Alternative Referral Options

Private gynaecological services

Clinic Information

- Thursday 0800-1230
- **Frankston Hospital**
- Building D, Outpatient Area 1
- Ph: 0429 567 933
- Fax: 9784 7560

Minimum Referral Information Required
(Please note, cannot be processed if minimum information is missing)
• Referral must be addressed to a named practitioner – Dr Amar Trivedi
• Referring practitioner name, provider number and signature.
• Date of referral
• Period for which referral is valid (if different to standard referral validity)
• Patient’s name, address, date of birth, Medicare number and phone number.
• Clinical details and reason for referral.
• Relevant medical history
• Medications
• Allergies
• Results of all recent and relevant investigations

A copy of the cervical smear test result must accompany the referral**