

Humboldt County Referral Form – Specialty Guidelines

ST JOSEPH HEALTH – OB/GYN

- Please ask your patient to contact us within 5-10 business days after sending the referral, to schedule the appointment.
- Fax referral to (707) 476-2921
- Unless urgent, eRAF must be included in the referral for patients with Partnership Health Plan.

Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
Cervical intraepithelial neoplasia (CIN) I, II, III or HGSIL	Abnormal pap report, Colposcopy biopsy report	
Colposcopy	Abnormal pap report	
Dysmenorrhea	Ultrasound within 3 months, medication list	
Dyspareunia	Ultrasound within 3 months	
Endometriosis	Operative note, pathology report from diagnostic surgery.	
Infertility	Operative reports	
Ovarian cyst	Ultrasound within 3 months	
Pelvic cyst	Ultrasound within 3 months	
Pelvic pain	Ultrasound within 3 months	
Polycystic ovary syndrome	Copy of workup for diagnosis	
Post-menopausal bleeding	Ultrasound within 3 months, CBC, TSH	
Prenatal	Ultrasound (Any)	Labs, if available
Thickened endometrium	Ultrasound within 3 months, CBC, TSH, B-HCG	
Uterine mass	Ultrasound within 3 months	