Visit Date _____/______/_______ (MM / DD/ YYYY)

Referral Date _____/______/_______

Name

(Last Name) (First Name) (M.I.)

ID NUMBER		**Date of Birth**	_____/______/_______

Race (check all that apply)	☐ White ☐ Black/African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ American Indian or Alaska Native ☐ Unknown/Prefer not to Answer
Ethnicity	Are you Hispanic or Latino? ☐ Yes ☐ No ☐ Prefer Not to Answer

Date of Last PAP _____/_______
MM YYYY
If 'Unknown' use 88/8888
If 'Never' or more than 10 years since last PAP use 00/0000

High Risk for Cervical Cancer?
☐ Yes
☐ No
☐ Not assessed/Unknown

Pelvic Exam

Date of Pelvic Exam	**Date of Pelvic Results**	**Pelvic Paid By:**
_____/______/_______	_____/______/_______	☐ Federal Funds ☐ State Funds ☐ Non-BCCCP

Pelvic Exam Results
☐ Normal ☐ Abnormal; follow up required ☐ Pelvic exam not indicated ☐ Pelvic exam refused

Pap Screening

Purpose for Pap Test
☐ Routine Screening ☐ Patient under Surveillance for previous abnormal test ☐ Referred in for diagnostics **(Referral Date Required)**
☐ Pap After Primary HPV+

Date of Pap	**Date of Pap Results**	**Pap Paid By:**
_____/______/_______	_____/______/_______	☐ Federal Funds ☐ State Funds ☐ Non-BCCCP

Specimen Adequacy:
☐ Satisfactory ☐ Unsatisfactory

Specimen Type:
☐ Conventional ☐ Liquid Base ☐ Other ☐ Unknown

Pap Results (Bethesda 2014):
☐ Negative for intraepithelial lesion or malignancy
☐ Atypical squamous cells of undetermined significance (ASC-US)
☐ Low Grade SIL (including HPV changes)
☐ * Atypical squamous cells cannot exclude HSIL (ASC-H)
☐ * High Grade SIL
☐ * Atypical Glandular Cells
☐ * Squamous Cell Carcinoma
☐ * Adenocarcinoma in situ (AIS)
☐ Adenocarcinoma
☐ Other (Malignant neoplasm)
☐ Results Pending
☐ Results Unknown

***All screening results with an asterisk (*) require diagnostic work-up.**

HPV Screening

Date of HPV	**Date of HPV Results**	**HPV Paid by:**	**Indication for HPV Test**
_____/______/_______	_____/______/_______	☐ Federal Funds ☐ State Funds ☐ Non-BCCCP	☐ Co-Test/Screening ☐ Reflex ☐ Test not done ☐ Unknown

HPV Test Result:
☐ *Positive w/**positive** genotyping (types 16 or18)
☐ Positive w/ genotyping not done
☐ Positive w/ **negative** genotyping (positive HPV, but no types 16 or 18; **NEED TO DIRECT TO PAP CYTOLOGY**;)
☐ Negative

***All screening results with an asterisk (*) require diagnostic work-up.**

Follow-up Plan

For any Abnormal Pap or HPV + with positive genotyping, is **Diagnostic Work-up Planned**? ☐ Yes ☐ No

Short Term Follow Up? ☐ Yes ☐ No
If Yes next pap in 2-24 months; if No, 36-60 months

Next Pap due in (Months)
☐ 02 ☐ 03 ☐04 ☐ 06 ☐ 12 ☐ 24 ☐ 36 ☐ 60

→

Diagnostic Work Up Procedures

Date of Colposcopy	Date of Colposcopy Results	Colposcopy Paid By:
_____/______/_______ (MM DD YYYY)	_____/______/_______	☐ Federal Funds ☐ State Funds ☐ Non-BCCCP

Colposcopy Results:
☐ Colpo without Biopsy ☐ Colpo with Biopsy/and or ECC

Date of Cervical Biopsy _____/______/_______	Biopsy Paid By: ☐ Federal Funds ☐ State Funds ☐ Non-BCCCP

Biopsy Results:
☐ Normal
☐ HPV/Condylomata/Aytpia
☐ CIN I/mild dysplasia
☐ CIN II /moderate dysplasia
☐ * CIN III/ Carcinoma in-situ/ severe dysplasia
☐ * Invasive cervical carcinoma
☐ * Invasive adenocarcinoma
☐ Other non-cervical cancer
☐ Low grade SIL
☐ High Grade SIL

***All results with an asterisk (*) require Treatment.**

ECC, LEEP, CKC requires prior approval from Regional Nurse Consultant

Date of ECC	Date of ECC Results	ECC Paid By:
_____/______/_______	_____/______/_______	☐ Federal Funds ☐ State Funds ☐ Non-BCCCP
Date of LEEP	**Date of LEEP Results**	**LEEP Paid By:**
_____/______/_______	_____/______/_______	☐ Federal Funds ☐ State Funds ☐ Non-BCCCP
Date of CKC	**Date of CKC Results**	**CKC Paid By:**
_____/______/_______	_____/______/_______	☐ Federal Funds ☐ State Funds ☐ Non-BCCCP

Cervical Diagnostic Disposition

Diagnostic Dx Date _____/______/_______

Diagnostic Disposition:
☐ No cervical cancer; case closed
☐ Results pending
☐ Patient died
☐ Moved out of county/state
☐ Unable to obtain results
☐ Refused to follow-up
☐ Cervical cancer diagnosed
☐ Lost to follow-up

Diagnostic Stage:
☐ Stage 0 (cervical cancer in-situ)
☐ Stage I
☐ Stage II
☐ Stage III
☐ Stage IV
☐ Stage Unknown
☐ Summary Local
☐ Summary Regional
☐ Summary Distant

Cervical Treatment Disposition

Treatment Date
_____/______/_______

Treatment Disposition:
☐ Treatment not needed ☐ Treatment pending ☐ Patient moved
☐ Unable to obtain results
☐ Treatment initiated ☐ Patient died ☐ Refused treatment

Comments

Comments to report special situations as needed (Type code in comment field in EHR):
☐CDSTF (clinician directed colpo. short term follow- up) ☐ NCAP (non-cervical abnormal pelvic)
☐ LTF (lost to follow-up) ☐ CDC (clinician delayed colpo.)
☐ HPV+ (HPV positive and performed diagnostic)

Patient Navigation: Required if PN delivered consistent with CDC policy (refer to BCCCP Training Manual)

Patient Navigation Needs Assessment Completed?	Patient Navigation Completed?	Patient Navigation Paid by Federal Funds:
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No (or if PN not delivered) ☐ Unknown