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

Referral Date _____/______/_______

Name Click or tap here to enter text. (Last) Click or tap here to enter text. (First) Click or tap here to enter text. (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:
☐ Federal Funds ☐ State Funds
☐ Non-BCCCP

Indication for HPV Test
☐ 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