

BREAST AND CERVICAL SCREENING FORM

Client Name:		Phone Number:	State ID:
Social Security Number:	Date of Birth:	Admin Site #:	<input type="checkbox"/> Revised

Cervical Cancer Screening Results

Date of Pap test MM / DD / YYYY

Pap Specimen type Liquid Conventional

Adequacy of Pap specimen Satisfactory Unsatisfactory

Result of Screening Pap test Negative (intraepithelial lesion/malignancy) ASC-US Low grade SIL (including HPV changes)

ASC-H High Grade SIL Squamous Cell Carcinoma Abnormal Glandular Cells

Date of HPV/DNA test MM / DD / YYYY

High Risk HPV/DNA test results if done Positive Negative

Paid by MCCP Pap test YES NO

HPV/DNA test YES NO

Respond for ALL clients screened for cervical cancer

Has the client had a hysterectomy? YES NO

If 'Yes' was the hysterectomy due to cervical neoplasia? YES NO

Is the cervix still present? YES NO

a client who has had a hysterectomy is eligible for an MCCP Pap test if the hysterectomy was due to cervical neoplasia of the cervix is still present

Reason for Pap Test Routine screening Surveillance (follow-up of prev abnormal) Done outside MCCP (diagnostics only)

Not done (diagnostics only) Breast record only

Date referred to MCCP for diagnostic workup MM / DD / YYYY

Additional procedures Not Planned, normal follow-up Planned, further diagnostic tests needed

Recommended cervical cancer screening interval for this client Short term follow-up (abnormal protocol) MM / DD / YYYY

Every 3 yrs (Age 21-65) MM / DD / YYYY Every 5 yrs, w/HPV (Age 30-65) MM / DD / YYYY

Recommendation/Comments:

Provider's signature:	Print Provider's Name:
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Breast Cancer Screening Results

Date of Clinical Breast Exam MM / DD / YYYY

Clinical Breast Exam (CBE) findings Normal exam Benign findings Abnormal (suspicious for cancer) CBE not done

Date of mammogram MM / DD / YYYY

Mammogram type Digital Conventional

Mammography test results - BI-RAD Categorites

Negative (1) Benign (2) Probably benign short interval follow-up suggested (3)

Suspicious Abnormality (4) Highly suggestive of malignancy (5) Assessment incomplete (0)

Paid by MCCP CBE YES NO

Mammogram YES NO

Reason for Mamography Test Routine screening Evaluate symptoms, positive CBE/prev abnormal mammogram

Done outside MCCP (diagnostics only) Not done (only received CBE or diagnostics) Cervical record only

Date referred to MCCP for diagnostic workup MM / DD / YYYY

Additional procedures Not Planned, normal follow-up Planned, further diagnostic tests needed

Recommended breast cancer screening interval for this client Every 2 years MM / DD / YYYY

Short term follow-up abnormal protocol (personal history/1st degree family history of pre-menopausal breast cancer) MM / DD / YYYY

Recommendation/Comments:

Provider's signature:	Print Provider's Name:
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