



MCCP Breast and Cervical Cancer Screening Form



Client Name _____

Phone Number _____

Social Security Number _____

Date of Birth _____

Risk Assessment for Cervical Cancer

- Patient is at high risk
- Not at high risk
- Provider did not assess

Date of Pap test ____/____/____

Result of Pap test

- Negative for intraepithelial lesion/malignancy
- Unsatisfactory
- Low Grade SIL (including HPV change)
- Atypical squamous cells (ASC-US)
- Atypical squamous cells (ASC-H)
- High Grade SIL/HPV
- Squamous Cell Carcinoma
- Atypical Glandular cells
- Adenocarcinoma in situ (AIS)
- Adenocarcinoma

Reason for Pap test

- Routine Pap test
- Patient under surveillance (previous abnormal)
- Pap after a primary HPV +
- Pap test not done

Respond for ALL clients screened for Cervical Cancer

Has this client had a hysterectomy? Yes No

If "Yes" was the hysterectomy due to cervical neoplasia? Yes No

Is the cervix still present? Yes No

Date of HPV test ____/____/____

Result of HPV test

- Positive with positive genotyping (types 16 or 18)
- Positive with negative genotyping (positive HPV but not types 16 or 18)
- Positive with genotyping not done/unknown genotyping
- Negative

Reason for HPV test

- Co-Testing/Screening
- Reflex
- HPV test not done

Additional Procedures

- Not planned, normal follow-up
- Planned, further diag. tests needed

Recommended cervical cancer screening interval for this client

- Short term follow-up, abnormal protocol ____/____/____
- 3 years, Pap alone, age 21 to 65 ____/____/____
- 5 years, Pap with HPV, age 30 to 65 ____/____/____
- 5 years, HPV alone, age 30 to 65 ____/____/____

Risk Assessment for Breast Cancer

- Patient is at high risk
- Not at high risk
- Provider did not assess

Date of Mammogram ____/____/____

Result of Mammogram

- Negative (BI-RADS 1)
- Benign findings (BI-RADS 2)
- Probably benign (BI-RADS 3)
- Suspicious abnormality (BI-RADS 4)
- Highly suggestive of malignancy (BI-RADS 5)
- Film comparison needed (BI-RADS 0)
- Assessment incomplete
- Known Biopsy-Proven malignancy
- Unsatisfactory

Reason for Mammogram

- Routine screening
- Symptoms, abnormal CBE or previous abnormal mammogram
- Mammogram not done

Date of CBE
____/____/____

Result of CBE

- Normal
- Benign
- Discrete Palp Mass (Suspicious for cancer)
- Discrete Palp Mass (Dx Benign)
- Focal pain or tenderness
- CBE not done

Date of MRI ____/____/____

Result of MRI

- Negative
- Benign findings
- Probably benign
- Suspicious
- Highly Suggestive of malignancy
- Incomplete (needs add. imaging)
- Known Biopsy-Proven malignancy

Reason for MRI

- Screening
- Diagnostic
- MRI not done

Additional Procedures

- Not planned, normal follow-up
- Planned, further diag. tests needed

Recommended breast cancer screening interval for this client

- Short term follow-up, abnormal protocol ____/____/____
- 1-year follow-up ____/____/____
- 2-year routine screening ____/____/____

Recommendations/comments: _____

Provider's Signature _____

Print provider's name _____