



Client Name	Phone Number	Social Security Number	Date of Birth
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MCCP Contact:

Phone	Fax
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**RISK ASSESSMENT FOR CERVICAL CANCER**

Based on risk assessment, is this patient at high risk for cervical cancer ?  Yes  No  Not assessed

**CERVICAL CANCER SCREENING TESTS AND RESULTS**

Date of Pap test \_\_\_\_/\_\_\_\_/\_\_\_\_

Adequacy  Satisfactory  Unsatisfactory

**Result of Pap test**

Negative for intraepithelial lesion or malignancy

Low Grade SIL (including HPV changes)

Atypical squamous cells (ASC-US)

Atypical squamous cells (ASC-H)

High Grade SIL

Squamous Cell Carcinoma

Atypical Glandular cells (AGC)

Adenocarcinoma in situ (AIS)

Adenocarcinoma

Result unknown, presumed abn, non-program funded

Other \_\_\_\_\_

Date of CBE \_\_\_\_/\_\_\_\_/\_\_\_\_

**Result of CBE**

Normal/Benign findings

Discrete palp mass - suspicious for ca

Discrete palp mass (Dx Benign)

Focal pain or tenderness  CBE not performed

**Reason for Pap test**

Routine Pap test

Patient under surveillance for a previous abnormal test

Non Program Pap, referred in for diagnostic evaluation

No Pap

Pap after a primary HPV +

Breast record only

Unknown

**Reason for HPV test**

Co-Test/Screening

Reflex

Test not done

Unknown

**Date referred to MCCP for diagnostic evaluation**

Date referred \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional procedures**

Not Planned, normal follow-up

Planned, further diagnostic tests needed

Date of HPV test \_\_\_\_/\_\_\_\_/\_\_\_\_

**Result of HPV test**

Abnormal

Negative HPV

Positive HPV with genotyping not done/unknown

Positive HPV with negative genotyping (not types 16 or 18)

Positive HPV with positive genotyping (types 16 or 18)

Unknown

**Paid by MCCP**

CBE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pap test	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HPV test	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**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

**Recommendations/comments** \_\_\_\_\_

**Provider's signature** \_\_\_\_\_

**Print provider's name** \_\_\_\_\_

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

