



# MCCP Breast and Cervical Cancer Screening Form



<b>Client Name</b>	<b>Phone Number</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
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**MCCP Contact:**

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### 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  Yes  No

Pap test  Yes  No

HPV test  Yes  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.



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**MCCP Contact:**

<b>Phone</b>	<b>Fax</b>
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**RISK ASSESSMENT FOR BREAST CANCER**  
 Based on risk assessment, is this patient at high risk for breast cancer ?    Yes    No    Not assessed

## BREAST CANCER SCREENING TESTS AND RESULTS

**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 Mammogram**

Routine screening mammogram

Symptoms, abnormal CBE or previous abnormal mammogram

Non Program mammogram, referred in for diagnostic evaluation

No mammogram

Cervical record only

Unknown

**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)

Need evaluation or film comparison (BI-RADS 0)

Known biopsy-proven malignancy

Assessment is incomplete, need additional imaging

Result unknown, presumed abn, non program funded

Unsatisfactory

**Reason for MRI**

Screening

Diagnostic

Unknown

**Date referred to MCCP for diagnostic evaluation**

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

**Paid by MCCP**

CBE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mammogram	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MRI	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Additional procedures**

Not Planned, normal follow-up

Planned, further diagnostic tests needed

**Date of Screening MRI**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MRI Requires Prior Approval From MCCP.**  
**Contact MCCP at Location Shown Above**

**Result of MRI**

Negative

Benign findings

Probably benign

Suspicious

Highly suggestive of malignancy

Incomplete - need additional imaging evaluation

Known biopsy - proven malignancy

Not done

**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** \_\_\_\_\_