

Last Name	First	MI	DOB	Referring Clinic		
	e 🗖 Medicare/Medicaid 🔽	10ther	Date of Cervical Screening:			
Payee: NWWP Private Insurance Medicare/Medicaid Other Date of Cervical Screening: CERVICAL Diagnostic Procedures						
CERVICAL DIAGNOSTIC PLOCEDULES						
	Results:		Recommendations			
Date requested	□ Negative (WNL) □ Inflammation/Infe	ection/HPV	□ Follow routine scre □ Short term follow	eening		
Date performed	<ul> <li>Other abnormality</li> <li>Not satisfactory</li> </ul>		Colposcopy directe	•		
Location	□ Unknown □ Refused/Not com	nleted	Cold Knife Cone			
Results date		pieceu	<ul> <li>Other biopsy</li> <li>Gynecologic consu</li> </ul>			
Notified date			, <u>-</u>	lation		
Referred date						
Endocervical Curettage (ECC) (alone)     Results:     Recommendations:						
Date requested	<b>Results:</b> Negative (WNL)		□ Follow routine scre			
	HPV/Condylomata	a/Atvnia	□ Short term follow	-		
Location	$\square$ CIN-1	a, ricypia	Colposcopy without			
	CIN-2		□ Colposcopy directe			
Date performed	□ CIN-3/CIS		Cold Knife Cone	. ,		
	Invasive cervical	carcinoma				
Results date	Low grade SIL		Other biopsy			
	High grade SIL		Gynecologic consu	Itation		
Notified date	Other					
	□ No tissue present					
	Refused/not done	5	Referred date			
Colposcopy – with 🗌 biop	Results:		Recommendations			
Date requested	□ Negative (WNL)		□ Follow routine scre			
	HPV/Condylomata	a/Atynia	□ Short term follow			
Location	$\Box$ CIN-1	аласуріа	Colposcopy without			
	$\square$ CIN-2					
Date performed	CIN-3/CIS		Cold Knife Cone			
	□ Invasive cervical	carcinoma				
Results date	Low grade SIL		Other biopsy			
	High grade SIL		Gynecologic consu	Itation		
Notified date	Other					
	□ No tissue present					
	Refused/not done	2	Referred date			
Cold Knife Cone (CKC) Results: Recommendations:						
Date requested	Negative (WNL)		<b>Recommendations</b> <b>Follow</b> routine screen			
	HPV/Condylomata	a/Atynia	□ Short term follow	•		
Location	$\Box$ CIN-1		Colposcopy without	•		
	$\square$ CIN-2		Colposcopy directe			
Date performed	CIN-3/CIS		$\square$ ECC	. ,		
	Invasive cervical	carcinoma	LEEP			
Results date	Low grade SIL		Other biopsy			
	High grade SIL		Gynecologic consu	Itation		
Notified date						
	No tissue present Refused/not done		Referred date			

CERVICAL Diagnostic Procedures, Continued						
Date requested          Location          Date performed          Results date          Notified date	sults: Negative (WNL) HPV/Condylomat CIN-1 CIN-2 CIN-3/CIS Invasive cervical Low grade SIL High grade SIL Other No tissue presen Refused/not dom	a/Atypia carcinoma t	Recommendations:         Follow routine screening         Short term follow up months         Colposcopy without biopsy         Colposcopy directed biopsy         ECC         Cold Knife Cone         Other biopsy         Gynecologic consultation			
	sults:		Recommendations:			
Date requested	Negative (WNL) HPV/Condylomat CIN-1 CIN-2 CIN-3/CIS Invasive cervical Low grade SIL High grade SIL Other No tissue presen	a/Atypia carcinoma	<ul> <li>Follow routine screening</li> <li>Short term follow up months</li> <li>Colposcopy without biopsy</li> <li>Colposcopy directed biopsy</li> <li>ECC</li> <li>Cold Knife Cone</li> <li>LEEP</li> <li>Gynecologic consultation</li> </ul>			
	Refused/not don		Referred date			
		anagement				
	11 5		<ul> <li>Work-up refused</li> <li>Lost to follow-up</li> <li>YES cancer after diagnostic tests</li> </ul>			
Final Diagnosis:       Staging:         Normal/benign reaction/inflammation       AJCC Stage IV         HPV/condylomata/atypia       Unstaged         CIN-1/mild dysplasia (biopsy diagnosis)       Unknown stage         CIN-2/moderate dysplasia (biopsy diagnosis)       Summary local         CIN-3/severe dysplasia/CIS (stage 0) or Adenocarcinoma in Situ       Summary regional         (AIS) (biopsy diagnosis)       Summary distant         Invasive Cervical Carcinoma       Summary distant         Low grade SIL       High grade SIL         Other:       Other:						
Treatment Status:						
□ Treatment started □ Treatment pending □ Treatment not needed			<ul> <li>Treatment refused</li> <li>Lost to follow-up</li> </ul>			
Provider Signature: Date:						
		Navigation				
Date of initial phone call Date of second phone call Date of initial letter	Initials: Initials: Initials:	Notes:				
Date of certified letter Date of home visit	Initials: Initials:	Signature:	Date:			
Patient lost to follow-up		Signature:	Dale:			