SPIPA Native Women's Wellness Program CERVICAL Diagnostic Referral Services

Last Name	First	MI	DOB	Referring Clinic

Payee: ☐ NWWP ☐ Private Insurance ☐ Medicare/Medicaid ☐ Other **Date of Cervical Screening:**

CERVICAL Diagnostic Procedures

☐ Colposcopy – without biopsy

Date requested _____

Date performed _____

Location _____

Results date _____

Notified date _____

Results:
- ☐ Negative (WNL)
- ☐ Inflammation/Infection/HPV
- ☐ Other abnormality
- ☐ Not satisfactory
- ☐ Unknown
- ☐ Refused/Not completed

Recommendations:
- ☐ Follow routine screening
- ☐ Short term follow up ____ months
- ☐ Colposcopy directed biopsy
- ☐ ECC
- ☐ Cold Knife Cone
- ☐ LEEP
- ☐ Other biopsy _____
- ☐ Gynecologic consultation

Referred date _____

☐ Endocervical Curettage (ECC) (alone)

Date requested _____

Location _____

Date performed _____

Results date _____

Notified date _____

Results:
- ☐ Negative (WNL)
- ☐ HPV/Condylomata/Atypia
- ☐ CIN-1
- ☐ CIN-2
- ☐ CIN-3/CIS
- ☐ Invasive cervical carcinoma
- ☐ Low grade SIL
- ☐ High grade SIL
- ☐ Other _____
- ☐ No tissue present
- ☐ Refused/not done

Recommendations:
- ☐ Follow routine screening
- ☐ Short term follow up ____ months
- ☐ Colposcopy without biopsy
- ☐ Colposcopy directed biopsy
- ☐ Cold Knife Cone
- ☐ LEEP
- ☐ Other biopsy _____
- ☐ Gynecologic consultation

Referred date _____

☐ Colposcopy – with ☐ biopsy ☐ ECC

Date requested _____

Location _____

Date performed _____

Results date _____

Notified date _____

Results:
- ☐ Negative (WNL)
- ☐ HPV/Condylomata/Atypia
- ☐ CIN-1
- ☐ CIN-2
- ☐ CIN-3/CIS
- ☐ Invasive cervical carcinoma
- ☐ Low grade SIL
- ☐ High grade SIL
- ☐ Other _____
- ☐ No tissue present
- ☐ Refused/not done

Recommendations:
- ☐ Follow routine screening
- ☐ Short term follow up ____ months
- ☐ Colposcopy without biopsy
- ☐ ECC
- ☐ Cold Knife Cone
- ☐ LEEP
- ☐ Other biopsy _____
- ☐ Gynecologic consultation

Referred date _____

☐ Cold Knife Cone (CKC)

Date requested _____

Location _____

Date performed _____

Results date _____

Notified date _____

Results:
- ☐ Negative (WNL)
- ☐ HPV/Condylomata/Atypia
- ☐ CIN-1
- ☐ CIN-2
- ☐ CIN-3/CIS
- ☐ Invasive cervical carcinoma
- ☐ Low grade SIL
- ☐ High grade SIL
- ☐ Other _____
- ☐ No tissue present
- ☐ Refused/not done

Recommendations:
- ☐ Follow routine screening
- ☐ Short term follow up ____ months
- ☐ Colposcopy without biopsy
- ☐ Colposcopy directed biopsy
- ☐ ECC
- ☐ LEEP
- ☐ Other biopsy _____
- ☐ Gynecologic consultation

Referred date _____

CERVICAL Diagnostic Procedures, Continued

☐ **LEEP**

Date requested _____

Location _____

Date performed _____

Results date _____

Notified date _____

Results:

- ☐ Negative (WNL)
- ☐ HPV/Condylomata/Atypia
- ☐ CIN-1
- ☐ CIN-2
- ☐ CIN-3/CIS
- ☐ Invasive cervical carcinoma
- ☐ Low grade SIL
- ☐ High grade SIL
- ☐ Other _____
- ☐ No tissue present
- ☐ Refused/not done

Recommendations:

- ☐ Follow routine screening
- ☐ Short term follow up ____ months
- ☐ Colposcopy without biopsy
- ☐ Colposcopy directed biopsy
- ☐ ECC
- ☐ Cold Knife Cone
- ☐ Other biopsy _____
- ☐ Gynecologic consultation

Referred date _____

☐ **Other Biopsy – TYPE: _____ (not colposcopic)**

Date requested _____

Location _____

Date performed _____

Results date _____

Notified date _____

Results:

- ☐ Negative (WNL)
- ☐ HPV/Condylomata/Atypia
- ☐ CIN-1
- ☐ CIN-2
- ☐ CIN-3/CIS
- ☐ Invasive cervical carcinoma
- ☐ Low grade SIL
- ☐ High grade SIL
- ☐ Other _____
- ☐ No tissue present
- ☐ Refused/not done

Recommendations:

- ☐ Follow routine screening
- ☐ Short term follow up ____ months
- ☐ Colposcopy without biopsy
- ☐ Colposcopy directed biopsy
- ☐ ECC
- ☐ Cold Knife Cone
- ☐ LEEP
- ☐ Gynecologic consultation

Referred date _____

Case Management

Status of FINAL Diagnosis:

- ☐ Work-up complete
- ☐ Work-up pending
- ☐ **NO** cancer after diagnostic tests
- ☐ Work-up refused
- ☐ Lost to follow-up
- ☐ **YES** cancer after diagnostic tests

Date of Final Dx _____

Final Diagnosis:

- ☐ Normal/benign reaction/inflammation
- ☐ HPV/condylomata/atypia
- ☐ CIN-1/mild dysplasia (biopsy diagnosis)
- ☐ CIN-2/moderate dysplasia (biopsy diagnosis)
- ☐ CIN-3/severe dysplasia/CIS (stage 0) or Adenocarcinoma in Situ (AIS) (biopsy diagnosis)
- ☐ Invasive Cervical Carcinoma
- ☐ Low grade SIL
- ☐ High grade SIL
- ☐ Other: _____

Staging:

- ☐ AJCC Stage IV
- ☐ Unstaged
- ☐ Unknown stage
- ☐ Summary local
- ☐ Summary regional
- ☐ Summary distant

Treatment Status:

- ☐ Treatment started
- ☐ Treatment pending
- ☐ Treatment refused
- ☐ Treatment not needed
- ☐ Lost to follow-up

Date of Tx _____

Provider Signature: _____ **Date:** _____

Patient Navigation

Date of initial phone call	Initials:	Notes:
Date of second phone call	Initials:	
Date of initial letter	Initials:	
Date of certified letter	Initials:	
Date of home visit	Initials:	**Signature:** **Date:**
☐ **Patient lost to follow-up**		