

#### **Patient EHR label**

## **SPIPA**

### Native Women's Wellness Program

**Cervical Diagnostic Services** 

Last Name: Location:			_ DOB:	SSN:	Clinic
Colposcopy – without  Date Requested:	biopsy			commendations: Follow routine screening	
Referral Location:  Date Referred:  Date Performed:  Results Date:  Date Pt Notified:	□ Inflammatio □ Other abno □ Not satisfac □ Refused □ Not done □ Unknown	on/Infection/HPV ormality		Short-term follow-up: Colposcopy directed biopsy ECC Cold Knife Cone LEEP Other Biopsy Gynecologic Consultation	
Endocervical Curettag	e (ECC) (alone)				-
Date Requested:	□ Negative (V □ HPV/Condy	rlomata/Atypia		Recommendations:  □ Follow routine screening □ Short-term follow-up: months □ Colposcopy without directed biopsy	
Date Referred:  Date Performed:	□ Invasive ce □ Low grade □ High grade	SIL	<ul> <li>□ Colposcopy directed biopsy</li> <li>□ Cold Knife Cone</li> <li>□ LEEP</li> <li>□ Other Biopsy</li> </ul>		
Results Date:  Date Pt Notified:	□ No tissue p	resent Not done 🗆 Unknov		- □ Gynecologic Consultation	
Colposcopy – with	Biopsy ECC Results:		Re	commendations:	
Date Requested:  Referral Location:  Date Referred:	□ Negative (WN □ HPV/Condylor □ CIN- 1 □ CIN-	mata/Atypia · 2 □ CIN- 3/CIS		□ Follow routine screening □ Short-term follow-up: months □ Colposcopy without biopsy □ ECC	
Date Performed:	□ Low grade SII □ High grade SI □ Other □ No tissue pres	L IL		Cold Knife Cone LEEP Other Biopsy Gynecologic Consultation	
Date Pt Notified:  Cold Knife Cone (CKC)	□ Refused □ No	t done   Unknown			
Date Requested:	Results:		Red	commendations:	
Referral Location:  Date Referred:	□ Negative (V □ HPV/Condy □ CIN- 1 □ CI	lomata/Atypia IN- 2 □ CIN- 3/CIS		Follow routine screening Short-term follow-up: Colposcopy without directed Colposcopy directed biopsy	d biopsy
Date Performed:	□ Low grade : □ High grade	<ul><li>□ Invasive cervical carcinoma</li><li>□ Low grade SIL</li><li>□ High grade SIL</li></ul>		□ ECC □ LEEP □ Other Biopsy	
Results Date:  Date Pt Notified:	□ No tissue p	resent Not done   Unknow		Gynecologic Consultation	



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# Native Women's Wellness Program Cervical Diagnostic Services

LEEP		
Date Requested:	Results:	Recommendations:
Referral Location:	□ Negative (WNL)	☐ Follow routine screening ☐ Short-term follow-up: months
	<ul> <li>□ HPV/Condylomata/Atypia</li> <li>□ CIN- 1</li> </ul>	□ Colposcopy without directed biopsy
Date Referred:	□ CIN- 2	□ Colposcopy directed biopsy
Date Performed:	□ CIN- 3/CIS	□ ECC □ LEEP
Populto Potos	□ Invasive cervical carcinoma	□ Other Biopsy
Results Date:	<ul><li>□ Low grade SIL</li><li>□ High grade SIL</li></ul>	□ Gynecologic Consultation
Date Pt Notified:	□ Other	
	□ No tissue present	
	□ Refused □ Not done □ Unknown	
Other Biopsy- Type:		<del></del>
Date Requested:	Results:	Recommendations:
B.C. and J. and J.	□ Negative (WNL)	□ Follow routine screening
Referral Location:	□ HPV/Condylomata/Atypia	<ul><li>□ Short-term follow-up: months</li><li>□ Colposcopy without directed biopsy</li></ul>
Date Referred:	□ CIN- 1 □ CIN- 2	□ Colposcopy directed biopsy
Date Performed:	□ CIN- 2 □ CIN- 3/CIS	□ ECC
	☐ Invasive cervical carcinoma	□ LEEP □ Other Biopsy
Results Date:	□ Low grade SIL	☐ Gynecologic Consultation
Date Pt Notified:	□ High grade SIL	
	□ Other □ No tissue present	
	□ Refused □ Not done □ Unknown	
<del></del>		
Final Diagnosis and Case Managemo	ent:	Notes:
Status:   Work-up complete   Pending   I		
Final Diagnosis: Date		
Staging:   Normal/benign reaction/inflammat	ion   HPV/condylomata/atypia	
$\hfill\Box$ CIN-1/mild dysplasia (biopsy diagnosis) $\hfill\Box$	CIN-2/moderate dysplasia (biopsy diagnosis)	
$\hfill\Box$ CIN-3/severe dysplasia/CIS (stage 0) or Ad	enocarcinoma in Situ 🗆 (AIS) (biopsy diagnosis)	
$\ \square$ Invasive Cervical Carcinoma $\ \square$ Low grade S	IL 🗆 High grade SIL 🗆 Other:	
Treatment:   Started (Date:)	Pending □ Not Needed □ Refused	
Provider Signature:	Date:	
<b>Patient Navigation:</b>		
Initial Call Date: Initials: _		
Second Call Date: Initials:		
Initial Letter Date: Certifie	d Letter Date:	
Home Visit Date: □ Patient Lost t	o Follow-up	
Patient Navigator Signature:	Date:	