



Patient EHR label

# SPIPA

## Native Women's Wellness Program

### Cervical Screening Services

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Clinic Location: \_\_\_\_\_ Date of Service: \_\_\_\_\_

#### Cervical History

Prior PAP test?: ☐ Yes Date: \_\_\_\_\_ ☐ No ☐ Unknown Does Pt Have Symptoms today?: ☐ Yes ☐ No

#### Has Pt Received the HPV vaccine?:

☐ Yes ☐ No ☐ Unknown # Received: \_\_\_\_\_

Age Started: \_\_\_\_\_

Age Completed: \_\_\_\_\_

High Risk for Cervical Cancer?: ☐ Yes ☐ No ☐ Not Assessed ☐ Unknown

Personal History of Ovarian Cancer?: ☐ Yes ☐ No

Family History?: ☐ Yes ☐ No

Pelvic Exam: ☐ Completed ☐ Refused ☐ Not Done/Normal Pelvic Exam in last 12 months ☐ Hysterectomy ☐ Not Indicated/Not needed

#### Results:

- ☐ Normal
- ☐ Abnormal- not susp for cancer
- ☐ Abnormal- susp for cancer

#### Recommendations:

- ☐ Pelvic Ultrasound
- ☐ Gynecological Consultation
- ☐ Follow PAP Recommendations (below)

HPV Test: ☐ Co-Test/Screen ☐ Reflex ☐ Self Collected ☐ Not Done

#### Results:

- ☐ HPV+ (No, no genotyping)
- ☐ HPV+ (Genotyping 16 or 18)
- ☐ HPV- (Negative)
- ☐ Unknown

Results Date: \_\_\_\_\_

Date Pt Notified: \_\_\_\_\_

PAP Test: Specimen Adequacy: ☐ Satisfactory ☐ Unsatisfactory

#### Results:

- ☐ Negative for intra. lesion or malign
- ☐ ASC-H
- ☐ ASC-US
- ☐ Low Grade SIL/HPV
- ☐ High Grade SIL
- ☐ Squamous Cell Carcinoma
- ☐ Endometrial Cells
- ☐ Atypical glandular cells
- ☐ AIS (Endocervical Adenocarcinoma in situ)
- ☐ Other
- ☐ Result Unk presumed abn, non program funded
- ☐ Result Pending

#### Recommendations:

- ☐ 1 yr ☐ 2 yrs ☐ 3 yrs ☐ 5 yrs
- ☐ Repeat PAP immediately
- ☐ Gynecologic consultation
- ☐ Short term follow-up in \_\_\_\_\_ months
- ☐ Pelvic Ultrasound
- ☐ Colposcopy without biopsy
- ☐ Colposcopy with Endocervical Curettage (ECC)
- ☐ Colposcopy with biopsy
- ☐ Endocervical Curettage (ECC)
- ☐ HPV Test
- ☐ Other biopsy
- ☐ Cold Knife Cone (CKC)
- ☐ LEEP
- ☐ Definitive Treatment
- ☐ Hysterectomy

Date Referred: \_\_\_\_\_ Date Performed: \_\_\_\_\_ Results Date: \_\_\_\_\_ Date Pt Notified: \_\_\_\_\_

Case Management: Work up Status: ☐ DX Work-up planned ☐ DX Work-up not planned

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Patient Navigation:

Initial Call Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Second Call Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Initial Letter Date: \_\_\_\_\_ Certified Letter Date: \_\_\_\_\_

Home Visit Date: \_\_\_\_\_ ☐ Patient Lost to Follow-up

Patient Navigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Notes: