



Patient EHR label

SPIPA Native Women's Wellness Program Cervical Screening Services

Last Name: First Name: MI: DOB: SSN: Clinic: Service Date:

Cervical History Prior PAP test?: Yes Date: No Unknown Does Pt Have Symptoms today?: Yes No

Has Pt Received the HPV vaccine?: High Risk for Cervical Cancer?: Personal History of Ovarian Cancer?: Family History of gynecological cancers?:

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

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

Recommendations:

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

PAP Test:

Results:

- Negative for intra. lesion or malig 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

Specimen Adequacy: Satisfactory Unsatisfactory Not Done

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:

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:

Notes:

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