

| (For Office Use Only) | |
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| Client Name (Last, First, M.I.): | Date of Birth:/ |
| Facility: | |

(vers. 10.2008)

Idaho Women's Health Check Abnormal Cervical Diagnostic Follow-up HEALTH



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|--|--|-----------------------------------|--|--|
| 1. Gynecologic consultation Consult Outcome (check only one) □ Normal/Benign/Inflammation □ Other abnormality □ Suspicious for cervical cancer | □ Yes □ No | Date: (//) Provider: | Recommended follow-up covered by WHC: Follow Routine Screening Short Term Follow-up Colposcopy Diagnostic Cone—state approval required HPV Test Diagnostic LEEP—state approval required Other Biopsy Repeat Pap test Immediately | |
| 2. Colposcopy (check only one) With Biopsy With biopsy and ECC Without biopsy Results (check only one) Negative Other nonmalignant abn (HPV, Condyle No visible lesion, no biopsy done CIN 1 CIN 2 CIN 3/CIS Invasive Carcinoma Adenocarcinoma | □ Yes □ No | Date: (/) Provider: | Recommended follow-up covered by WHC: Follow Routine Screening Short Term Follow-up Colposcopy Diagnostic Cone—state approval required Gynecologic Consultation HPV Test Diagnostic LEEP—state approval required Other Biopsy Repeat Pap test Immediately Obtain Treatment—apply for BCC Medicaid separately | |
| 3. Other Biopsy Options Endocervical Curettage alone (ECC) Loop Electrosurgical Excision Proced Cold Knife Cone (CKC)* | □ No | □ Yes □ No Date: (//) Provider: | Recommended follow-up covered by WHC: □ Follow Routine Screening □ Short Term Follow-up □ Colposcopy □ Diagnostic Cone—state approval required □ Gynecologic Consultation □ HPV Test □ Diagnostic LEEP—state approval required □ Other Biopsy □ Repeat Pap test Immediately | |
| 4. Were any other cervical procedures performed? | | | | |
| 5. Were any diagnostic procedure | s funded by Wo | men's Health Check? | □ Yes □ No | |
| 6. Diagnostic Work-up Status (check only one) □ Pending □ Work-up complete □ Lost to follow-up □ Work-up refused Additional Comments: | 7. Final Diagnosis Date (//) (check only one) □ Normal/Benign/Inflammation □ HPV/Condylomata/Atypia □ CIN 1/mild dysplasia □ CIN 2/moderate dysplasia □ CIN 3/severe dysplasia/carcinoma in situ □ Invasive Carcinoma □ Adenocarcinoma □ Other Additional Comments: | | 8. Treatment Information (to be completed if cancer is diagnosed) Treatment startedDate:// Treatment pending* Lost to follow-up* Treatment not needed* Additional Comments: | |
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