



Client Name

Phone Number

Social Security Number

Date of Birth

**Risk Assessment for Cervical Cancer**

- ☐ Patient is at high risk
- ☐ Not at high risk
- ☐ Provider did not assess

**Date of Pap test** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Result of Pap test**

- ☐ Negative for intraepithelial lesion/malignancy
- ☐ Unsatisfactory
- ☐ Low Grade SIL (including HPV change)
- ☐ Atypical squamous cells (ASC-US)
- ☐ Atypical squamous cells (ASC-H)
- ☐ High Grade SIL/HPV
- ☐ Squamous Cell Carcinoma
- ☐ Atypical Glandular cells
- ☐ Adenocarcinoma in situ (AIS)
- ☐ Adenocarcinoma

**Reason for Pap test**

- ☐ Routine Pap test
- ☐ Patient under surveillance (previous abnormal)
- ☐ Pap after a primary HPV +
- ☐ Pap test not done

**Respond for ALL clients screened for Cervical Cancer**

Has this client had a hysterectomy? ☐ Yes ☐ No

If "Yes" was the hysterectomy due to cervical neoplasia? ☐ Yes ☐ No

Is the cervix still present? ☐ Yes ☐ No

**Date of HPV test** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Result of HPV test**

- ☐ Positive with positive genotyping (types 16 or 18)
- ☐ Positive with negative genotyping (positive HPV but not types 16 or 18)
- ☐ Positive with genotyping not done/unknown genotyping
- ☐ Negative

**Reason for HPV test**

- ☐ Co-Testing/Screening
- ☐ Reflex
- ☐ HPV test not done

**Additional Procedures**

- ☐ Not planned, normal follow-up
- ☐ Planned, further diag. tests needed

**Recommended cervical cancer screening interval for this client**

- ☐ Short term follow-up, abnormal protocol \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ 3 years, Pap alone, age 21 to 65 \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ 5 years, Pap with HPV, age 30 to 65 \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ 5 years, HPV alone, age 30 to 65 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Risk Assessment for Breast Cancer**

- ☐ Patient is at high risk
- ☐ Not at high risk
- ☐ Provider did not assess

**Date of Mammogram** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Result of Mammogram**

- ☐ Negative (BI-RADS 1)
- ☐ Benign findings (BI-RADS 2)
- ☐ Probably benign (BI-RADS 3)
- ☐ Suspicious abnormality (BI-RADS 4)
- ☐ Highly suggestive of malignancy (BI-RADS 5)
- ☐ Film comparison needed (BI-RADS 0)
- ☐ Assessment incomplete
- ☐ Known Biopsy-Proven malignancy
- ☐ Unsatisfactory

**Reason for Mammogram**

- ☐ Routine screening
- ☐ Symptoms, abnormal CBE or previous abnormal mammogram
- ☐ Mammogram not done

**Date of CBE**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Result of CBE**

- ☐ Normal
- ☐ Benign
- ☐ Discrete Palp Mass (Suspicious for cancer)
- ☐ Discrete Palp Mass (Dx Benign)
- ☐ Focal pain or tenderness
- ☐ CBE not done

**Date of MRI** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Result of MRI**

- ☐ Negative
- ☐ Benign findings
- ☐ Probably benign
- ☐ Suspicious
- ☐ Highly Suggestive of malignancy
- ☐ Incomplete (needs add. imaging)
- ☐ Known Biopsy-Proven malignancy

**Reason for MRI**

- ☐ Screening ☐ Diagnostic
- ☐ MRI not done

**Additional Procedures**

- ☐ Not planned, normal follow-up
- ☐ Planned, further diag. tests needed

**Recommended breast cancer screening interval for this client**

- ☐ Short term follow-up, abnormal protocol \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ 1-year follow-up \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ 2-year routine screening \_\_\_\_/\_\_\_\_/\_\_\_\_

**Recommendations/comments:** \_\_\_\_\_

**Provider's Signature** \_\_\_\_\_

**Print provider's name** \_\_\_\_\_