Client Name	Date of Birth	MCCP Breast & Cervical Screening Form

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CERVICAL CANCER SCREENING TESTS, RESULTS AND RISK ASSESSMENT

Date of Pap test ___/___/___

Pre Screening High Risk Assessment

- ☐ Known DES exposure (high risk)
- ☐ Immunocompromised patient (high risk)
- ☐ Not at high risk
- ☐ Provider did not assess

Pap Test Screening Result

- ☐ Negative for intraepithelial lesion or 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)
- ☐ No Pap
- ☐ Pap after a primary HPV +
- ☐ Breast Record Only
- ☐ Unknown
- ☐ Referred for diagnostic evaluation (Dx referral)

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
- ☐ Abnormal
- ☐ Unknown

Reason for HPV test

- ☐ Co-Testing/Screening
- ☐ Reflex
- ☐ Test not done
- ☐ Unknown

Date of CBE ___/___/___

Result of CBE

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

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

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 ____/____/____

BREAST CANCER SCREENING TESTS, RESULTS AND RISK ASSESSMENT

Date of Mammogram ___/___/___

Report specific result for this date only

Pre Screening High Risk Assessment

- ☐ A lifetime risk of 20-25% or greater as defined by risk assessment models (high)
- ☐ Personal or family history (high)
- ☐ Not at high risk
- ☐ Provider did not assess

Mammogram Test Screening Results

- ☐ 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
- ☐ Assessment incomplete(BI-RADS 0)
- ☐ Known Biopsy-Proven malignancy
- ☐ Unsatisfactory

Reason for Mammogram

- ☐ Routine screening
- ☐ Symptoms, abnormal CBE or previous abnormal mammogram
- ☐ Referred for diagnostic evaluation (Dx referral)
- ☐ No mammogram
- ☐ Cervical record only
- ☐ Unknown

Date of MRI ___/___/___

- ☐ MRI not performed

Reason for MRI

- ☐ Screening ☐ Diagnostic
- ☐ Unknown

Result of MRI

- ☐ Negative
- ☐ Benign findings
- ☐ Probably benign
- ☐ Suspicious
- ☐ Highly Suggestive of malignancy
- ☐ Incomplete (needs addi. imaging)
- ☐ Known Biopsy
- ☐ Other/Unknown Reason

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** _____