### Cervical Screen Form

Complete for Cancer Screening & Planned Short-term Follow-up.

1. **Cervical Cancer Screening Performed through Cancer Detection Programs: Every Woman Counts?**  
   - Yes  
   - No

#### Pelvic Exam

2. **Date of CURRENT Pelvic Exam**  
   - mm/dd/ccyy

3. **Rectovaginal exam performed?**  
   - Yes  
   - No

4. **Previous Pap Smear Test(s)?**  
   - Yes  
   - No  
   - Unknown

5. **Date of most recent PREVIOUS Pap smear**  
   - mm/dd/ccyy  
   - Date

#### Pap Smear Test

6. **Date of Pap Smear Test**  
   - mm/dd/ccyy

7. **Specimen Adequacy (Check One)**
   - Satisfactory for evaluation
   - Unsatisfactory for evaluation
   - Select Short-term Follow-up as Next Step

   - **Refer for Immediate Diagnostic Work-up.**  
     Submit procedures, diagnostic status, and final diagnosis on a Cervical Follow-up form.

8. **Specimen Type (Check One)**
   - Conventional Smear
   - Liquid Based (Thin Prep) (not covered)
   - Other (not covered)
   - Unknown

9. **Pap Smear Results (Check One)**
   - Negative for intraepithelial lesion or malignancy (Includes reactive, inflammation, or infection)
   - Atypical squamous cells of undetermined significance (ASC-US)
   - Atypical squamous cells of undetermined significance, cannot exclude HSIL
   - Low grade squamous intraepithelial lesion (LSIL) encompassing: HPV (human papilloma virus), mild dysplasia, and cervical intraepithelial neoplasia (CIN I)
   - High grade squamous intraepithelial lesion (HSIL) encompassing: moderate and severe dysplasia, carcinoma in situ, CIN II and CIN III
   - Squamous cell carcinoma
   - Atypical glandular cells (AGC)
   - Atypical glandular cells (AGC), favor neoplastic
   - Endocervical adenocarcinoma in situ (AIS)
   - Adenocarcinoma
   - Other (specify)

10. **If Pap Smear Test not performed, why not?** (Check one)
    - Not needed (Normal Pap smear within last 12 months or per PCP discretion)
    - Needed but not performed (Includes refused)
    - Done recently, cervical screening and follow-up services paid with non-CDP funds

#### Next Step (Planned course of action)

11. **Based on CURRENT pelvic exam or Pap smear test results, the next step for this Recipient is:** (Check one)
    - **IMMEDIATE WORK-UP** (Immediate diagnostic work-up is planned)
      - Go to Follow-up form. When worksheet is complete, submit data online.
    - **Short-term Follow-up** (Next appointment planned in less than 12 months)
      - Worksheet is done: submit data online now. Submit next procedure(s) on a new Cervical Screen form.

### Cervical Follow-up Form

Complete this form if Immediate Work-up was planned.

#### Cervical Cancer Diagnostic Procedures

12. **Colposcopy without biopsy**  
    - mm/dd/ccyy

13. **Colposcopy directed biopsy**  
    - mm/dd/ccyy

14. **Other procedure performed**  
    - (Exclude Pap Smear Tests & Pelvic Exams)
    - mm/dd/ccyy

15. ** Specify**

16. **Other procedure performed**  
    - (Exclude Pap Smear Tests & Pelvic Exams)
    - mm/dd/ccyy

17. **Specify**

#### Cervical Cancer Diagnosis Status

- Work-up complete (No more immediate diagnostic procedures required)
- Lost to follow-up (Two phone calls and certified letter sent)
- Work-up refused (Service refused, patient moved or obtained insurance)
- Died before work-up completed

19. **Date of this diagnosis status**  
    - mm/dd/ccyy

#### Cervical Cancer Final Diagnosis

- Normal/Benign reaction
- HPV / condylomata / atypia
- CIN I (biopsy diagnosis)
- CIN II (biopsy diagnosis)
- CIN III / carcinoma in situ (stage 0) (biopsy diagnosis)
- Invasive cervical carcinoma (biopsy diagnosis) (Record stage in #22)
- Other (specify)

21. **Date of this diagnosis**  
    - mm/dd/ccyy

#### Invasive Cervical Cancer Stage

- AJCC stage I or FIGO stage I
- AJCC stage II or FIGO stage II
- AJCC stage III or FIGO stage III
- AJCC stage IV or FIGO stage IV
- Stage unknown

#### Cervical Cancer Treatment Status

- Treatment Initiated
- Referred for treatment (pending) (Do not use this option; make sure treatment started)
- Lost to follow-up (Two phone calls and certified letter sent)
- Treatment refused
- Treatment not needed
- Died before entering treatment

24. **Date of this treatment status**  
    - mm/dd/ccyy

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**Version 082506bw**

CONFIDENTIAL DATA  
Clinician’s Signature  
Date