

Date Pt Notified:___

Patient EHR label

SPIPA

Native Women's Wellness Program Cervical Diagnostic Services

				DOB:	SSN:	Clinic
Location:	Date of	Service:				
Colpose	opy – without biopsy					
Date Requ	iested:	Results:			Recommendations:	
		□ Negative (WNL)			□ Follow routine screening	
Referral L	ocation:	□ Inflammation/Infe	=		□ Short-term follow-up:□ Colposcopy directed biopsy	_ months
Date Refe	rred:	□ Other abnormality□ Not satisfactory				
		□ Refused			□ Cold Knife Cone	
Date Perfe	ormed:	□ Not done			□ LEEP	
Results Da	ate:	□ Unknown			□ Other Biopsy□ Gynecologic Consultation	
Data Dt N	autei a da				= cynecologic constitution	
Date Pt No	otified:					
Colposco	ppy – with Biopsy	ECC				+
Date Regu	uested:	Results:			Recommendations:	
		□ Negative (WNL)			☐ Follow routine screening	
Referral L	ocation:	□ HPV/Condylomata			□ Short-term follow-up:	_
Date Refe	rred:	□ CIN- 1 □ CIN- 2 □	•		□ Colposcopy without directed□ Colposcopy directed biopsy	Diopsy
		□ Invasive cervical o□ Low grade SIL	carcinoma		□ Cold Knife Cone	
Date Perfe	ormed:	□ High grade SIL			□ LEEP	
Results Da	ate:	□ Other			□ Other Biopsy□ Gynecologic Consultation	
D D. M	- 1.°C1.	□ No tissue present			- dynecologic consultation	
Date Pt N	otified:	□ Refused □ Not do	ne 🗆 Unknov	vn		
Endocer	vical Curettage (ECC) (al	lone)				
Date Regu	uested:	Results:			Recommendations:	
		□ Negative (WNL)			□ Follow routine screening	
Referral L	ocation:	□ HPV/Condylomata/A	, ·		□ Short-term follow-up:	_ months
Date Refe	erred:		•		□ Colposcopy without biopsy□ ECC	
		☐ Invasive cervical car	cinoma		□ Cold Knife Cone	
Date Perfe	ormed:	□ Low grade SIL □ High grade SIL			□ LEEP	
Results Da	ate:	□ Other			□ Other Biopsy□ Gynecologic Consultation	
D - 4 - D1 N	- 1.°C1.	□ No tissue present			- dynecologic constitution	
Date Pt N	otified:	□ Refused □ Not done	□ Unknown			
Cold Kni	fe Cone (CKC)					+
Date Regu	uested:	Results:			Recommendations:	
		□ Negative (WNL)			□ Follow routine screening	
Referral L	ocation:	□ HPV/Condylomata	/Atypia		□ Short-term follow-up:	
Date Refe	rred:	□ CIN- 1 □ CIN- 2 □	-		□ Colposcopy without directed□ Colposcopy directed biopsy	biopsy
		□ Invasive cervical c	arcinoma		□ ECC	
Date Perfo	ormed:	□ Low grade SIL			□ LEEP	
Results Da	ate:	□ High grade SIL □ Other			□ Other Biopsy	
		□ No tissue present			☐ Gynecologic Consultation	
	1					

□ Refused □ Not done □ Unknown



Patient EHR label

SPIPA

Native Women's Wellness Program Cervical Diagnostic Services

	Was Earline	Ce	i vicai Diagnostic Sei vices
Last	Name: First N	ame: MI: DOB:	SSN: Clinic
Loca	tion: Date of Se	rvice:	
	LEEP	<u>Results:</u>	Recommendations:
	Date Requested: Referral Location: Date Referred: Date Performed: Results Date:	 □ Negative (WNL) □ HPV/Condylomata/Atypia □ CIN- 1 □ CIN- 2 □ CIN- 3/CIS □ Invasive cervical carcinoma □ Low grade SIL □ High grade SIL □ Other 	□ Follow routine screening □ Short-term follow-up: months □ Colposcopy without directed biopsy □ Colposcopy directed biopsy □ ECC □ LEEP □ Other Biopsy □ Gynecologic Consultation
	Date Pt Notified:	□ No tissue present	
	Date Ft Notified.	□ Refused □ Not done □ Unknown	
Oth	ıer Biopsy- Type:	Results:	Recommendations:
Oth	Date Requested:	□ Negative (WNL) □ HPV/Condylomata/Atypia □ CIN- 1	□ Follow routine screening □ Short-term follow-up: months □ Colposcopy without directed biopsy
	Referral Location:	□ CIN- 2	 □ Colposcopy directed biopsy □ ECC
	Date Referred:	 □ CIN- 3/CIS □ Invasive cervical carcinoma 	□ LEEP
	Date Performed:	□ Low grade SIL	□ Other Biopsy□ Gynecologic Consultation
	-	□ High grade SIL	, 5
	Results Date:	□ Other □ No tissue present	
	Date Pt Notified:	□ Refused □ Not done □ Unknown	
Fin	al Diagnosis and Case Managemer	Notes:	
		TTOGS:	
Status: Work-up complete Pending Refused Lost to follow up			
	Final Diagnosis: Date of		
Š	Staging: Normal/benign reaction/inflammatic	n □ HPV/condylomata/atypia	
[\Box CIN-1/mild dysplasia (biopsy diagnosis) \Box CI		
[□ CIN-3/severe dysplasia/CIS (stage 0) or Ade		
[□ Invasive Cervical Carcinoma □ Low grade SIL		
-	Treatment: ☐ Started (Date:) ☐ Pe	ending □ Not Needed □ Refused	
Pro	vider Signature:		
Ъ			
	tient Navigation:		
	nitial Call Date: Initials:		
	econd Call Date: Initials:		
	nitial Letter Date: Certified Letter D		
F	lome Visit Date: Patient Lost to	Follow-up	
P	atient Navigator Signature:		