



Patient EHR label

SPIPA

Native Women's Wellness Program

Cervical Diagnostic Services

Last Name: _____ First Name: _____ MI: ____ DOB: _____ SSN: _____ Clinic
Location: _____ Date of Service: _____

☐ **Colposcopy – without biopsy**

Date Requested: _____

Referral Location: _____

Date Referred: _____

Date Performed: _____

Results Date: _____

Date Pt Notified: _____

Results:

- ☐ Negative (WNL)
- ☐ Inflammation/Infection/HPV
- ☐ Other abnormality
- ☐ Not satisfactory
- ☐ Refused
- ☐ Not done
- ☐ Unknown

Recommendations:

- ☐ Follow routine screening
- ☐ Short-term follow-up: _____ months
- ☐ Colposcopy directed biopsy
- ☐ ECC
- ☐ Cold Knife Cone
- ☐ LEEP
- ☐ Other Biopsy
- ☐ Gynecologic Consultation

☐ **Colposcopy – with** ☐ **Biopsy** ☐ **ECC**

Date Requested: _____

Referral Location: _____

Date Referred: _____

Date Performed: _____

Results Date: _____

Date Pt Notified: _____

Results:

- ☐ Negative (WNL)
- ☐ HPV/Condylomata/Atypia
- ☐ CIN- 1 ☐ CIN- 2 ☐ CIN- 3/CIS
- ☐ Invasive cervical carcinoma
- ☐ Low grade SIL
- ☐ High grade SIL
- ☐ Other _____
- ☐ No tissue present
- ☐ Refused ☐ Not done ☐ Unknown

Recommendations:

- ☐ Follow routine screening
- ☐ Short-term follow-up: _____ months
- ☐ Colposcopy without directed biopsy
- ☐ Colposcopy directed biopsy
- ☐ Cold Knife Cone
- ☐ LEEP
- ☐ Other Biopsy
- ☐ Gynecologic Consultation

☐ **Endocervical Curettage (ECC) (alone)**

Date Requested: _____

Referral Location: _____

Date Referred: _____

Date Performed: _____

Results Date: _____

Date Pt Notified: _____

Results:

- ☐ Negative (WNL)
- ☐ HPV/Condylomata/Atypia
- ☐ CIN- 1 ☐ CIN- 2 ☐ CIN- 3/CIS
- ☐ Invasive cervical carcinoma
- ☐ Low grade SIL
- ☐ High grade SIL
- ☐ Other _____
- ☐ No tissue present
- ☐ Refused ☐ Not done ☐ Unknown

Recommendations:

- ☐ Follow routine screening
- ☐ Short-term follow-up: _____ months
- ☐ Colposcopy without biopsy
- ☐ ECC
- ☐ Cold Knife Cone
- ☐ LEEP
- ☐ Other Biopsy
- ☐ Gynecologic Consultation

☐ **Cold Knife Cone (CKC)**

Date Requested: _____

Referral Location: _____

Date Referred: _____

Date Performed: _____

Results Date: _____

Date Pt Notified: _____

Results:

- ☐ Negative (WNL)
- ☐ HPV/Condylomata/Atypia
- ☐ CIN- 1 ☐ CIN- 2 ☐ CIN- 3/CIS
- ☐ Invasive cervical carcinoma
- ☐ Low grade SIL
- ☐ High grade SIL
- ☐ Other _____
- ☐ No tissue present
- ☐ Refused ☐ Not done ☐ Unknown

Recommendations:

- ☐ Follow routine screening
- ☐ Short-term follow-up: _____ months
- ☐ Colposcopy without directed biopsy
- ☐ Colposcopy directed biopsy
- ☐ ECC
- ☐ LEEP
- ☐ Other Biopsy
- ☐ Gynecologic Consultation



Patient EHR label

SPIPA

Native Women's Wellness Program

Cervical Diagnostic Services

Last Name: _____ First Name: _____ MI: ____ DOB: _____ SSN: _____ Clinic
Location: _____ Date of Service: _____

☐ LEEP

Date Requested: _____

Referral Location: _____

Date Referred: _____

Date Performed: _____

Results Date: _____

Date Pt Notified: _____

Results:

- ☐ Negative (WNL)
- ☐ HPV/Condylomata/Atypia
- ☐ CIN- 1
- ☐ CIN- 2
- ☐ CIN- 3/CIS
- ☐ Invasive cervical carcinoma
- ☐ Low grade SIL
- ☐ High grade SIL
- ☐ Other _____
- ☐ No tissue present
- ☐ Refused ☐ Not done ☐ Unknown

Recommendations:

- ☐ Follow routine screening
- ☐ Short-term follow-up: _____ months
- ☐ Colposcopy without directed biopsy
- ☐ Colposcopy directed biopsy
- ☐ ECC
- ☐ LEEP
- ☐ Other Biopsy
- ☐ Gynecologic Consultation

☐ Other Biopsy- Type: _____

Date Requested: _____

Referral Location: _____

Date Referred: _____

Date Performed: _____

Results Date: _____

Date Pt Notified: _____

Results:

- ☐ Negative (WNL)
- ☐ HPV/Condylomata/Atypia
- ☐ CIN- 1
- ☐ CIN- 2
- ☐ CIN- 3/CIS
- ☐ Invasive cervical carcinoma
- ☐ Low grade SIL
- ☐ High grade SIL
- ☐ Other _____
- ☐ No tissue present
- ☐ Refused ☐ Not done ☐ Unknown

Recommendations:

- ☐ Follow routine screening
- ☐ Short-term follow-up: _____ months
- ☐ Colposcopy without directed biopsy
- ☐ Colposcopy directed biopsy
- ☐ ECC
- ☐ LEEP
- ☐ Other Biopsy
- ☐ Gynecologic Consultation

Final Diagnosis and Case Management:

Status: ☐ Work-up complete ☐ Pending ☐ Refused ☐ Lost to follow up

Final Diagnosis: _____ Date of Final Diagnosis: _____

Staging: ☐ Normal/benign reaction/inflammation ☐ HPV/condylomata/atypia

☐ CIN-1/mild dysplasia (biopsy diagnosis) ☐ CIN-2/moderate dysplasia (biopsy diagnosis)

☐ CIN-3/severe dysplasia/CIS (stage 0) or Adenocarcinoma in Situ ☐ (AIS) (biopsy diagnosis)

☐ Invasive Cervical Carcinoma ☐ Low grade SIL ☐ High grade SIL ☐ Other: _____

Treatment: ☐ Started (Date: _____) ☐ Pending ☐ Not Needed ☐ Refused

Provider Signature: _____ Date: _____

Patient Navigation:

Initial Call Date: _____ Initials: _____

Second Call Date: _____ Initials: _____

Initial Letter Date: _____ Certified Letter Date: _____

Home Visit Date: _____ ☐ Patient Lost to Follow-up

Patient Navigator Signature: _____

Notes: