

# FORM A: Screening Breast and Cervical

Patient Last Names: \_\_\_\_\_

First Name: \_\_\_\_\_

Medical Record # \_\_\_\_\_

Birth Date \_\_\_\_\_

Patient ID  
(Program Use Only)

Provider Name: \_\_\_\_\_

(mm/dd/yyyy)

P.N. Delivered?  
YES

## Breast Screening Tests

Clinical Breast Exam Results:

- Normal/Benign Finding
- Abnormality suspicious for cancer
- Not performed

Date Breast Exam: \_\_\_\_\_

(mm/dd/yyyy)

## Cervical Screening Tests

Has the patient had prior Pap Test? If YES, →

- Yes
- No
- Unknown

Date Previous Pap Test: \_\_\_\_\_

(mm/yyyy)

## Risk for Breast Cancer:

- High Risk for Breast Cancer\*
- Not High Risk
- Not assessed/Unknown

\*High Risk for Breast Cancer- please see Form A data dictionary for high risk definition.

## Risk for Cervical Cancer:

- High Risk for Cervical Cancer\*
- Not High Risk
- Not assessed/Unknown

\*Yes-should be reported if risk was assessed and determined to be high risk (prior DES exposure and immunocompromised patients).

## Purpose of the Initial Mammogram:

- Routine screening
- Diagnostic
- Non-program mammogram, patient referred in for dx. evaluation
- No mammogram, Direct to diagnosis for short term follow up
- No breast service
- Unknown

## Purpose of Pap Test

- Routine Screening
- Patient under surveillance for a previous abnormality
- Non-program Pap, patient referred in for dx. evaluation
- No Pap
- No Cervical Service
- Pap after primary HPV+  Unknown

## Purpose HPV Test

- Co-Test/Screening
- Reflex HPV
- Test not done
- Unknown

Date Initial Mammogram: \_\_\_\_\_  
(mm/dd/yyyy)

Date Pap Test: \_\_\_\_\_  
(mm/dd/yyyy)

## Initial Mammogram Results:

- Negative (BI-RADS 1)
- Benign (BI-RADS 2)
- Probably Benign (Short interval follow-up suggested; BI-RADS 3)
- Suspicious Abnormality (Consider Biopsy; BI-RADS 4)
- Highly Suggestive of Malignancy (BI-RADS 5)
- Needs evaluation or film comparison (BI-RADS 0)
- Unsatisfactory- mammogram could not be interpreted by radiologist
- Result pending
- Result unknown, presumed abnormal, mammogram non-program funded source

## Pap Test Results:

- Negative
- Infection/Inflammation/ Reactive Changes
- ASC-US
- Low Grade SIL
- Atypical squamous cells cannot exclude HSIL
- High Grade SIL
- Squamous Cell Carcinoma
- Atypical Glandular Cells
- Adenocarcinoma in situ (AIS)
- Adenocarcinoma
- Unsatisfactory
- Result Pending
- Unknown, presumed abnormal, Pap test from non-program funded source
- Other: \_\_\_\_\_

## Screening MRI Results:

- Negative (Category 1)
- Benign Finding (Category 2)
- Probably Benign (Category 3)
- Suspicious (Category 4)
- Highly Suggestive of Malignancy (Category 5)
- Known Malignancy (Category 6)
- Incomplete- Needs Additional Imaging Evaluation (Category 0)
- Results pending
- Not done

Date Screening MRI: \_\_\_\_\_

(mm/dd/yyyy)

## HPV Test Results:

- Positive with genotyping not done/Unknown
- Negative
- Positive with positive genotyping
- Positive with negative genotyping
- Unknown

Date HPV Test: \_\_\_\_\_

(mm/dd/yyyy)

## Breast- Additional Procedures Needed?

- Yes If YES, → Go to Form B
- No
- Not yet determined

## Diagnostic Work-up Planned for Cervical Dysplasia or Cancer?

- Yes, planned on basis of abnormal Pap test, HPV test or Pelvic Exam → Go to Form C
- No
- Not yet determined

Follow-up:  1 year  2 years Short term \_\_\_\_\_ (months)

Follow-up:  5 year  3 years  1 year Short term \_\_\_\_\_ (months)

Provider's Signature and Date:

Comments: