

# FORM C: Cervical Diagnosis

Program Use Only
Pt. ID

Patient Last Names: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date \_\_\_\_\_  
(mm/dd/yyyy)

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

Diagnostic Procedures (Mark all that apply)		Date of Procedure (mm/dd/yyyy)
<input type="radio"/> Gynecologic Consultation		
<input type="radio"/> Colposcopy w/o Biopsy		
<input type="radio"/> Colposcopy with Biopsy		
<input type="radio"/> Colposcopy with ECC		
<input type="radio"/> Endocervical Curettage Only (ECC)		
<input type="radio"/> Loop Electrosurgical Excision Procedure (LEEP)		
<input type="radio"/> Cold Knife Cone		
<input type="radio"/> Laser Conization		
<input type="radio"/> Other Type of Biopsy (Specify):		
<input type="radio"/> Other Cervical Procedures (Specify):		

## Diagnosis Information

**Status of Final Diagnosis:**

Work-up Complete                       Lost to Follow Up  
 Work-up Pending                               Work-up Refused

**Final Diagnosis:**

<input type="radio"/> Normal / Benign Reaction / Inflammation <input type="radio"/> HPV / Condylomata / Atypia <input type="radio"/> CIN1 / Mild Dysplasia (Biopsy Diagnosis) <input type="radio"/> CIN2 / Moderate Dysplasia (Biopsy Diagnosis) <input type="radio"/> CIN3 / Severe Dysplasia / Carcinoma in situ (Stage 0) or Adenocarcinoma In Situ of the Cervix (Biopsy Diagnosis) <input type="radio"/> Invasive Cervical Carcinoma (Biopsy Diagnosis) <input type="radio"/> Other (Specify) _____	<input type="radio"/> Low grade SIL (Biopsy Diagnosis) <input type="radio"/> High grade SIL (Biopsy Diagnosis)  Date of Final Diagnosis: _____ (mm/dd/yyyy)
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**Follow-up:**

5 years                       3 year                       1 year                       Short-Term \_\_\_\_\_ (months)

## Treatment Information

**Status of Treatment:**

<input type="radio"/> Treatment Started <input type="radio"/> Lost to Follow-up (includes death) <input type="radio"/> Treatment Pending <input type="radio"/> Treatment Refused <input type="radio"/> Treatment Not Needed	Date Treatment Status: _____ (mm/dd/yyyy)
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**Comments:**

\_\_\_\_\_

<b>Provider's Signature:</b>	<b>Date:</b>