

(For Office Use Only)	
Client Name (Last, First, M.I.):	Date of Birth: (/)
Screening Facility:	Visit Date://

(vers. 10.2008)



Idaho Women's Health Check Screening Form

☐ Breast record only, cervical services not done History	☐ Cervical record only, breast services not done
<u>History</u>	History
	History
1. Prior Mammogram? ☐ Yes(If yes, date//) ☐ No	1. Prior Pap test? □ Yes(If yes, date//) □ No
2. Breast Symptoms?	□ Yes
□ Yes □ No □ Unknown 3. Indications for today's mammogram: (check only one) □ Routine screening mammogram (screening) □ Initial mammogram to evaluate additional symptoms, abnormal CBE result, or follow-up from a previous abnormal mammogram (diagnostic) □ Referred into the program for diagnostic evaluation Date of initial mammogram (already completed)//	□ No 3. Indications for today's Pap test: (check only one) □ Routine Pap test (screening) □ To evaluate additional symptoms, abnormal test result, or follow-up from previous abnormal Pap test result □ Referred into the program as a diagnostic evaluation; □ Date of referral into program// Pap test Result □ Pap test not done. Previous result ASC-US. Patient proceeded
Date of referral into program// Result (BI-RADS): □1 □2 □3 □4 □5 □0 □ Mammogram not done. Patient only received CBE, or proceeded directly for other imaging or diagnostic work-up	directly for HPV test 4. Pelvic Exam Result Date: (/) Provider:
4. Clinical Breast Exam (CBE) Results	☐ Abnormal—NOT suspicious for cervical cancer *Diagnostic
Date: (/ /)	☐ Abnormal—suspicious for cervical cancer*
Provider: (check only one) □ Normal/Benign/Fibrocystic □ Discrete palpable mass (suspicious for cancer)* □ Nipple/areolar scaliness* □ Bloody or serous nipple discharge* □ Skin dimpling or retraction* □ Refused/Not done at this visit, but needed □ Not needed, normal CBE in past 12 mos. *Diagnostic work-up required (Use WHC Diagnostic and Follow-up Forms)	5. Pap test results
CBE funded by WHC? □ Yes □ No, Pd by other	☐ High grade squamous intraepithelial lesion (HSIL)* ☐ Squamous Cell Carcinoma*
5. Mammogram Results	□ Abnormal Glandular Cells (AGC)* □ Endocervical adenocarcinoma in situ (AIS)* □ Adenocarcinoma* □ Other Pap test funded by WHC? □ Yes □ No, Pd by other
□ 2 Benign □ 3 Probably Benign—STFU required □ 4 Suspicious Abnormality (consider biopsy)* □ 5 Highly Suggestive of Malignancy* □ 0 Incomplete—need additional imaging* Film Comparison to evaluate Assessment Incomplete? □ Yes □ No	Specimen Adequacy: Specimen Type: Conventional Liquid Based 6. HPV Test Result Date:
Mammogram funded by WHC? □ Yes □ No, Pd by other	HPV Result:
6. Breast Cycle Outcome □ Routine Annual Screening □ Diagnostic Work-Up Planned □ Short term Follow-up Planned	Test funded by WHC?