





ID No: \_\_\_\_\_

**BREAST**

5. Breast Self-Exam taught?  YES  NO

6. Did client receive a referral?  
 YES - for a screening mammogram at ( list below ): \_\_\_\_\_  
 YES - for a diagnostic mammogram at ( list below ): \_\_\_\_\_  
 NO - mammogram not needed at this time

7. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERVICAL**

5. Pap Smear performed?  YES  NO Date \_\_\_\_\_  
 Cervix  
 Vagina  
 Other \_\_\_\_\_

6. Specimen adequate?  
 Satisfactory  Limited Satisfactory  
 Unsatisfactory  Unknown

7. Pap Smear result:  
 Negative  Infection / Inflammation / Reactive Changes  
 Low Grade SIL (includes HPV changes)  Atypical Squamous Cells of Undetermined Significance  
 High Grade SIL  Squamous Cell Cancer  Unsatisfactory  
 Other: \_\_\_\_\_

8. Patient notified of results?  YES  NO Date \_\_\_\_\_

8. Diagnostic work-up planned for BREAST CANCER:  
 Diagnostic work-up planned  
 Diagnostic work-up not needed  
 Diagnostic work-up plan not yet determined

9. Recommendations:  
 Follow Routine Screening  
 Short term follow-up in \_\_\_\_\_ months  
 Diagnostic Mammogram  
 Repeat Mammogram immediately  
 CBE by Consultant  
 Ultrasound  
 Surgical Consultation  
 Fine Needle Aspiration  
 Biopsy  
 Obtain Definitive Treatment  
 Other \_\_\_\_\_

9. Diagnostic work-up planned for CERVICAL CANCER:  
 Diagnostic work-up planned  
 Diagnostic work-up not needed  
 Diagnostic work-up plan not yet determined

10. Recommendations:  
 Follow Routine Screening  
 Short term follow-up in \_\_\_\_\_ months  
 Repeat Pap immediately  
 Colposcopy without Biopsy  
 Colposcopy directed Biopsy  
 Gynecologic Consultation  
 Obtain Definitive Treatment  
 Other \_\_\_\_\_

Patient Referred To: \_\_\_\_\_

Patient Referred To: \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

**SERVICE(S) PROVIDED:**

<input type="checkbox"/> 99201 NEW PATIENT - Office Visit (10 min, face-to-face)	<input type="checkbox"/> 00001 Office Visit / Clinical Breast Exam Only
<input type="checkbox"/> 99202 NEW PATIENT - Office Visit (20 min, face-to-face)	<input type="checkbox"/> 00002 Office Visit / Pelvic Exam Only
<input type="checkbox"/> 99203 NEW PATIENT - Office Visit (30 min, face-to-face)	<input type="checkbox"/> 00003 Case Mgmt / Breast and Cervical Cancer
<input type="checkbox"/> 99211 ESTABLISHED PATIENT - Office Visit (5 min, face-to-face)	<input type="checkbox"/> 76857 Pelvic - Follow Up
<input type="checkbox"/> 99212 ESTABLISHED PATIENT - Office Visit (10 min, face-to-face)	<input type="checkbox"/> 88141 Cytopathology
<input type="checkbox"/> 99213 ESTABLISHED PATIENT - Office Visit (15 min, face-to-face)	