WOMEN'S WAY CERVICAL DIAGNOSTIC RESULTS

NORTH DAKOTA DEPARTMENT OF HEALTH
COMMUNITY AND HEALTH SYSTEMS
SFN 52197 (3-2020)

For LCU Use Only

Navigation Only: ☐ Yes ☐ No

Client Name (Last, First)	**Date of Birth**	**Alternate ID Number**
Facility Name	**Provider Name**	**Appointment Date**

☐ **Colposcopy with Biopsy** ☐ **Colposcopy Without Biopsy**

Results:

☐ Negative (WNL)
☐ Invasive Squamous Cell Carcinoma
☐ Adenocarcinoma
☐ Other Nonmalignant Abnormality (HPV, condyloma)
☐ Not done - other/unknown reason
☐ Refused
☐ CIN 1 - Mild Dysplasia
☐ CIN 2 - Moderate Dysplasia
☐ CIN 3 - Severe Dysplasia/CIS

Results:

☐ Negative (WNL)
☐ Infect/Inflam/React Changes
☐ Other Abnormality
☐ Unsatisfactory
☐ Not done - other/unknown reason
☐ Refused

Date Colposcopy Performed	Date Client Notified of Result	Colposcopy Paid by *Women's Way*? ☐ Yes ☐ No

Recommended Follow-Up:

☐ Pap in **1** year ☐ Pap in **2** years ☐ Pap in **3** years

☐ Repeat Pap Immediately
☐ Colposcopy Alone
☐ Cold Knife Cone (CKC)
☐ HPV Test
☐ Short-Term Follow-up : Number of Months: _____
☐ Colposcopy with Biopsy
☐ Definitive Treatment
☐ Hysterectomy
☐ Colposcopy with ECC
☐ Gynecologic Consultation
☐ LEEP
☐ Other Biopsy
☐ Pelvic Ultrasound

☐ **Colposcopy with Biopsy and ECC** ☐ **Colposcopy with ECC** ☐ **Endocervical Curettage (ECC)**

Results:

☐ Negative (WNL)
☐ Invasive Squamous Cell Carcinoma
☐ Adenocarcinoma
☐ Other Nonmalignant Abnormality (HPV, condyloma)
☐ Not done - other/unknown reason
☐ Refused
☐ CIN 1 - Mild Dysplasia
☐ CIN 2 - Moderate Dysplasia
☐ CIN 3 - Severe Dysplasia/CIS
☐ No Tissue Present

Date Performed	Date Client Notified of Result	Paid by *Women's Way*? ☐ Yes ☐ No

Recommended Follow-Up:

☐ Pap in **1** year ☐ Pap in **2** years ☐ Pap in **3** years

☐ Repeat Pap Immediately
☐ Colposcopy Alone
☐ Cold Knife Cone (CKC)
☐ HPV Test
☐ Short-Term Follow-up : Number of Months: _____
☐ Colposcopy with Biopsy
☐ Definitive Treatment
☐ Hysterectomy
☐ Colposcopy with ECC
☐ Gynecologic Consultation
☐ LEEP
☐ Other Biopsy
☐ Pelvic Ultrasound

Other Procedures / Final Diagnosis / Treatment Status on Back

Client Name (Last, First)	**Date of Birth**

Other Procedures (NOT REIMBURSABLE WITH *WOMEN'S WAY* FUNDS):

☐ LEEP ☐ Cold Knife Cone ☐ Other Biopsy ☐ Pelvic Ultrasound ☐ Hysterectomy

☐ Other (specify): _____

Complete additional forms if more than one "Other" procedure is done.

Results:

☐ Negative (WNL) ☐ CIN 1 - Mild Dysplasia ☐ Other Nonmalignant Abnormality (HPV, condyloma)
☐ Invasive Squamous Cell Carcinoma ☐ CIN 2 - Moderate Dysplasia ☐ Not done - other/unknown reason
☐ Adenocarcinoma ☐ CIN 3 - Severe Dysplasia/CIS ☐ Refused

Date Procedure Performed	Date Client Notified	Procedure Paid by *Women's Way*? ☐ Yes ☐ No

Recommended Follow-Up:

☐ Pap in **1** year ☐ Pap in **2** years ☐ Pap in **3** years

☐ Repeat Pap Immediately ☐ Short-Term Follow-up : Number of Months: _____
☐ Colposcopy Alone ☐ Colposcopy with Biopsy ☐ Colposcopy with ECC ☐ Other Biopsy
☐ Cold Knife Cone (CKC) ☐ Definitive Treatment ☐ Gynecologic Consultation ☐ Pelvic Ultrasound
☐ HPV Test ☐ Hysterectomy ☐ LEEP

FINAL DIAGNOSIS

Final Diagnosis Results:

☐ Normal/Benign/Inflammation ☐ CIN 2 - Moderate Dysplasia *
☐ HPV/Condylomata/Atypia ☐ CIN 3 - Severe Dysplasia/CIS *
☐ Low Grade SIL ☐ High Grade SIL *
☐ CIN 1 - Mild Dysplasia ☐ Invasive Cervical Carcinoma *
☐ Other (specify): _____

Cancer Stage:

☐ Stage I ☐ Summary Local
☐ Stage II ☐ Summary Regional
☐ Stage III ☐ Summary Distant
☐ Stage IV ☐ Unstaged
☐ Stage Unknown

* Treatment is required. Treatment is optional for HPV, CIN I, LSIL, and Other

Status of Final Diagnosis: ☐ Complete ☐ Refused ☐ Lost to Follow-Up	Date of Final Diagnosis	Date Client Notified of Final Diagnosis

CERVICAL CANCER TREATMENT STATUS

Date Treatment Plan Developed and Started

Treatment Status:

☐ Started ☐ Pending ☐ Tx Not Needed ☐ Refused ☐ Lost to Follow-Up

	Treatment Provided	Date Performed
☐	Cryotherapy	
☐	LEEP	
☐	Laser Therapy	
☐	Cone Biopsy	
☐	Hysterectomy	
☐	Radiation	
☐	Systemic Chemotherapy	
☐	Other	

Treatment Provided By