



**WOMEN'S WAY INTAKE AND SUMMARY VISIT**  
 NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES  
 HEALTH PROMOTION & CHRONIC DISEASE PREVENTION  
 SFN 51771 (2-2023)

NBCCEDP Paid Patient Navigation  Yes  No Navigation Only  Yes  No

<b>Client Name (Last, First, Middle Initial)</b>		<b>Date of Birth</b>	<b>Alternate ID Number</b>
Enroll / Re-Enroll Date	Enrollment Site	WW Contact Telephone Number	Provider Name
Facility Name		Facility Telephone Number	Appointment Date
Health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Former	Interested in quitting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**SCREENING PROCEDURES (record all procedures, regardless if procedures are paid by Women's Way)**

<b>Indication for breast procedure visit:</b> <input type="checkbox"/> Routine screening mammogram <input type="checkbox"/> Surveillance of symptoms, abn CBE or previous abnormal mammogram <input type="checkbox"/> Mammogram not done, CBE only or other diagnostic work-up only	<input type="checkbox"/> Diagnostic referral	Dx referral date
		Dx screening date
		BI-RADs number

**BREAST PROCEDURES AND SCREENING HISTORY**

Previous mammogram? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of last mammogram	Implants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Noticed changes in breast? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, specify changes <input type="checkbox"/> Skin different <input type="checkbox"/> Lump <input type="checkbox"/> Nipple discharge <input type="checkbox"/> Nipple inversion <input type="checkbox"/> Other: _____			
<b>The following will be paid for by Women's Way:</b> <input type="checkbox"/> CBE <input type="checkbox"/> Mammogram <input type="checkbox"/> Screening MRI <input type="checkbox"/> None <input type="checkbox"/> 40-49 year old-State paid mammogram <input type="checkbox"/> Office visit			

**Office Visit - Provider to Complete**

**Is client at high risk for breast cancer?**  Yes  No  Not assessed

<input type="checkbox"/> Reviewed cancer screening history	<input type="checkbox"/> * Skin dimpling/retraction	Date of office visit or CBE performed
<input type="checkbox"/> Advised on next screening due	<input type="checkbox"/> * Bloody/serous nipple discharge	Date client notified of results
<b>CBE Results</b> <input type="checkbox"/> Normal <input type="checkbox"/> Benign finding	<input type="checkbox"/> * Nipple/areolar scaliness	
<input type="checkbox"/> Discrete palp mass - (Dx benign)	<input type="checkbox"/> * Discrete palp mass - suspicious for cancer	
Based on the CBE results, check the appropriate follow-up: <input type="checkbox"/> Follow routine screening <input type="checkbox"/> Short term follow-up ** Number of months: _____ <input type="checkbox"/> Immediate follow-up / Diagnostic needed. Cycle is 'Workup Planned' - Must be completed within 60 days		
Recommended procedure		

**MAMMOGRAPHY / MRI - Provider to Complete**

<input type="checkbox"/> Digital mammogram <input type="checkbox"/> Digital mammogram with breast tomosynthesis (3D)	Exam type: <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic	
<b>Mammogram Results</b> <input type="checkbox"/> BI-RADS 1 Negative finding <input type="checkbox"/> BI-RADS 2 Benign finding <input type="checkbox"/> BI-RADS 3 Probably benign (Consider short term follow-up) <input type="checkbox"/> * BI-RADS 4 Suspicious abnormality (Biopsy should be considered) <input type="checkbox"/> * BI-RADS 5 Highly suggestive of malignancy (Follow-up needed) <input type="checkbox"/> * BI-RADS 0 Assessment incomplete (Need additional imaging) <input type="checkbox"/> * BI-RADS 0 Assessment incomplete - <b>Film comparison required</b> <input type="checkbox"/> * Result unknown - Presumed abnormal <input type="checkbox"/> Unsatisfactory	Date mammogram performed	Breast Density <input type="checkbox"/> Mostly fatty <input type="checkbox"/> Scattered fibroglandular <input type="checkbox"/> Heterogeneously dense <input type="checkbox"/> Extremely dense
	Date client notified of result	
	Date of Screening MRI	Date client notified of result
	<b>MRI Results</b> <input type="checkbox"/> BI-RADS 1 <input type="checkbox"/> BI-RADS 2 <input type="checkbox"/> BI-RADS 3 <input type="checkbox"/> * BI-RADS 4 <input type="checkbox"/> * BI-RADS 5 <input type="checkbox"/> * BI-RADS 0 <input type="checkbox"/> Not done <input type="checkbox"/> Refused	
Based on the mammogram / MRI results, check the appropriate follow-up: <input type="checkbox"/> Additional imaging needed <input type="checkbox"/> Follow routine screening <input type="checkbox"/> Short term follow-up ** Number of months: _____ <input type="checkbox"/> Immediate follow-up / Diagnostic needed. Cycle is 'Workup Planned' - Must be completed within 60 days		
Recommended procedure		

<b>Client Name</b>	<b>Date of Birth</b>
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**Indication for cervical procedure visit:**

Routine Pap test   
  Surveillance for previous abnormal cervical test result   
  Pap test not done, diagnostic work-up or HPV only  
 Diagnostic referral   
  Pap after primary HPV+ result   
  Unknown   
  Pelvic exam only

Diagnostic referral date	Pap test date	Result
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**CERVICAL PROCEDURES AND SCREENING HISTORY**

Previous Pap test? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of last Pap test	Have you had a hysterectomy? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, reason for hysterectomy

Cervical cancer   
  Unknown   
  Cervical pre-cancer   
  Non-cancer   
  Other GYN cancer

Do you still have a cervix? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>The following will be paid for by <i>Women's Way</i>:</b> <input type="checkbox"/> Pelvic exam <input type="checkbox"/> Pap test <input type="checkbox"/> HPV <input type="checkbox"/> None <input type="checkbox"/> Office visit
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**Office Visit - Provider to Complete**

**Is client at high risk for cervical cancer?**   
 Yes   
 No   
 Not assessed

<input type="checkbox"/> Reviewed cancer screening history	<b>Pelvic Results</b> <input type="checkbox"/> Normal	Date of office visit or pelvic exam
<input type="checkbox"/> Advised on next screening due	<input type="checkbox"/> Abnormal-not suspicious for cancer <input type="checkbox"/> Abnormal-suspicious for cancer	Date client notified of results

Based on the Pelvic Exam results, check the appropriate follow-up:

Follow routine screening   
 Short term follow-up \*\*   
 Number of months: \_\_\_\_\_   
 Diagnostic - 'Workup Planned'

Recommended procedure

**PAP TEST (USE 2001 BETHESDA SYSTEM CATEGORIES) / HPV - Provider to Complete**

Specimen adequacy <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Type of Pap test <input type="checkbox"/> Conventional Pap smear <input type="checkbox"/> Liquid based
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**Results**

Negative (WNL) or Negative for intra. lesion or malignancy  
 ASC-US - atypical squamous cells, undetermined significance  
 Low Grade SIL (Including HPV changes/CIN 1)  
 \* ASC-H - atypical squamous cells, cannot exclude High Grade  
 \* High Grade SIL - suspicious for invasion (CIN 2 and CIN 3/CIS)  
 \* AGC - Abnormal glandular cells  
 \* AIS - Endocervical adenocarcinoma *in situ*  
 \* Adenocarcinoma  
 \* Squamous cell carcinoma\*  
 \* Result unknown, presumed abnormal - not paid

Unsatisfactory  
 Pending  
 Other: \_\_\_\_\_

Date Pap test performed	Date client notified of results
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HPV results ( <b>High risk typing, only</b> ) <input type="checkbox"/> Negative <input type="checkbox"/> Positive with genotyping not done/unk <input type="checkbox"/> Positive with positive genotyping <input type="checkbox"/> Positive with negative genotyping	Date HPV test performed
Date client notified of results	

Based on the Pap test / HPV results, check the appropriate follow-up:

Follow routine screening   
 Short term follow-up \*\*   
 Number of months: \_\_\_\_\_  
 Immediate follow-up / Diagnostic needed. Cycle is 'Workup Planned' - Must be completed within 90 days

Recommended procedure

Comments:

According to the Privacy Act of 1974, this is to let *Women's Way* clients know that disclosure of a social security number to *Women's Way* is voluntary and it is requested for identification purposes only. Failure to disclose this information will not affect participation in this program.

\* Additional diagnostics required - cycle is '**Workup Planned**' and/or if you choose to perform diagnostic tests.  
 \*\* Check "Short Term Follow-up" if diagnostic work-up is not planned but screening tests are recommended before the next routine screening.