WOMEN'S WAY INTAKE AND SUMMARY VISIT

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH PROMOTION & CHRONIC DISEASE PREVENTION
SFN 51771 (2-2024)

NBCCEDP Paid Patient Navigation ☐ Yes ☐ No   Navigation Only ☐ Yes ☐ No

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

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

Indication for breast procedure visit:
☐ Routine screening mammogram
☐ Surveillance of symptoms, abn CBE or previous abnormal mammogram
☐ Mammogram not done, CBE only or other diagnostic work-up only
☐ Diagnostic referral

Dx referral date
Dx screening date
BI-RADs number

BREAST PROCEDURES AND SCREENING HISTORY

Previous mammogram? ☐ Yes ☐ No	If Yes, date of last mammogram	Implants? ☐ Yes ☐ No	Noticed changes in breast? ☐ Yes ☐ No

If Yes, specify changes
☐ Skin different ☐ Lump ☐ Nipple discharge ☐ Nipple inversion ☐ Other: ____________

The following will be paid for by *Women's Way*:
☐ CBE ☐ Mammogram ☐ Screening MRI ☐ None ☐ Office visit

Office Visit - Provider to Complete

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

☐ Reviewed cancer screening history
☐ Advised on next screening due
CBE Results ☐ Normal ☐ Benign finding
☐ Discrete palp mass - (Dx benign)
☐ * Skin dimpling/retraction
☐ * Bloody/serous nipple discharge
☐ * Nipple/areolar scaliness
☐ * Discrete palp mass - suspicious for cancer

Date of office visit or CBE performed
Date client notified of results

Based on the CBE 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 60 days

Recommended procedure

MAMMOGRAPHY / MRI - Provider to Complete

☐ Digital mammogram ☐ Digital mammogram with breast tomosynthesis (3D)   Exam type: ☐ Screening ☐ Diagnostic

Mammogram Results
☐ BI-RADS 1 Negative finding
☐ BI-RADS 2 Benign finding
☐ BI-RADS 3 Probably benign (Consider short term follow-up)
☐ * BI-RADS 4 Suspicious abnormality (Biopsy should be considered)
☐ * BI-RADS 5 Highly suggestive of malignancy (Follow-up needed)
☐ * BI-RADS 0 Assessment incomplete (Need additional imaging)
☐ * BI-RADS 0 Assessment incomplete - **Film comparison required**
☐ * Result unknown - Presumed abnormal
☐ Unsatisfactory

Date mammogram performed
Date client notified of result

Breast Density
☐ Mostly fatty
☐ Scattered fibroglandular
☐ Heterogeneously dense
☐ Extremely dense

Date of Screening MRI
Date client notified of result

MRI Results
☐ BI-RADS 1 ☐ BI-RADS 2 ☐ BI-RADS 3 ☐ * BI-RADS 4 ☐ * BI-RADS 5 ☐ * BI-RADS 0 ☐ Not done ☐ Refused

Based on the mammogram / MRI results, check the appropriate follow-up:
☐ Additional imaging needed ☐ Follow routine screening ☐ Short term follow-up ** Number of months: ________
☐ Immediate follow-up / Diagnostic needed. Cycle is 'Workup Planned' - Must be completed within 60 days

Recommended procedure

Flip over for pelvic exam & Pap test --->

Client Name	Date of Birth

Indication for cervical procedure visit:

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

Diagnostic referral date	Pap test date	Result

CERVICAL PROCEDURES AND SCREENING HISTORY

Previous Pap test? ☐ Yes ☐ No	If Yes, date of last Pap test	Have you had a hysterectomy? ☐ Yes ☐ No

If Yes, reason for hysterectomy
☐ Cervical cancer ☐ Unknown ☐ Cervical pre-cancer ☐ Non-cancer ☐ Other GYN cancer

Do you still have a cervix?	**The following will be paid for by *Women's Way*:**
☐ Yes ☐ No ☐ Unknown	☐ Pelvic exam ☐ Pap test HPV ☐ None ☐ Office visit

Office Visit - Provider to Complete

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

☐ Reviewed cancer screening history
☐ Advised on next screening due

Pelvic Results
☐ Normal
☐ Abnormal-not suspicious for cancer
☐ Abnormal-suspicious for cancer

Date of office visit or pelvic exam
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 ☐ Satisfactory ☐ Unsatisfactory

Type of Pap test ☐ Conventional Pap smear ☐ Liquid based

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

HPV results **(High risk typing, only)**

- ☐ Negative
- ☐ Positive with genotyping not done/unk
- ☐ Positive with positive genotyping
- ☐ 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.

Questions?? See *WW* contact telephone number on Page 1.