

Client Identification

Program # _____ Last Name _____
 ID # _____ Middle Initial _____
 First Name _____



Screening Visit Date: ____/____/____ (mm / dd / yyyy) Facility # _____
 (Enter Visit Date from Screening Form)

Cervical Diagnostic Procedure

1. Colposcopy without Biopsy <input type="radio"/> 1. Yes <input type="radio"/> 2. No	4. Cold Knife Cone (CKC) (preauthorize @ 515.242.6200) <input type="radio"/> 1. Yes <input type="radio"/> 2. No
2. Colposcopy with Biopsy and/or ECC <input type="radio"/> 1. Yes <input type="radio"/> 2. No	5. Endocervical Curettage <i>alone</i> (ECC) <input type="radio"/> 1. Yes <input type="radio"/> 2. No
3. Loop Electrosurgical Excision Procedure (LEEP) (preauthorize @ 515.242.6200) <input type="radio"/> 1. Yes <input type="radio"/> 2. No	6. Other <input type="radio"/> 1. Yes → Specify Procedure: _____ <input type="radio"/> 2. No

Cervical Diagnostic Procedure Payer

7. Was at least one of the above procedures paid for by BCCEDP?
 1. Yes
 2. No
 3. Unknown

Cervical Diagnostic Results

8. Status of final diagnosis
 1. Work-up complete
 2. Lost to follow-up → 8a. Date: ____/____/____ STOP HERE
 3. Work-up refused → (mm / dd / yyyy)

8b. Date of Final Diagnosis: ____/____/____ (mm / dd / yyyy)

8c. Final diagnosis

- 1. Normal/benign reaction/inflammation
- 2. HPV/Condylomata/Atypia
- 3. CIN 1 - Mild dysplasia
- 4. CIN 2 - Moderate dysplasia
- 5. CIN 3 - Severe dysplasia/Carcinoma in situ/Stage 0
- 6. Invasive cervical cancer
- 7. Low grade SIL
- 8. High grade SIL
- 9. Other (specify): _____

8d. Status of Treatment

- 1. Started → 8e. Date started: ____/____/____ 8f. Treatment paid by:
 (mm / dd / yyyy)
 - 1. Medicaid
 - 2. Medicare
 - 3. Private Insurance
 - 4. Self
 - 5. Other
 - 6. Unknown
- 2. Pending
- 3. Lost to follow-up } 8g. Date: ____/____/____
 4. Refused } (mm / dd / yyyy)
- 5. Not indicated

8h. Short-term visit recommended? 1. Yes → 2. No
 (less than 9 months)

8i. Date: ____/____/____ (mm / yyyy)

8j. Referred to American Cancer Society (ACS) for additional services
 1. Yes
 2. No
 3. Client Refused