

Screening Form

Patient Name: (Last) _____ (First) _____ Date of Birth _____

Enrolling Agency and Site: _____ Patient ID: _____

MEDICAL HISTORY

Have you or any of your relatives ever been diagnosed with any of the following cancers: breast, male breast, melanoma, ovarian, pancreatic, or prostate?	Relationship (e.g. mother) _____ Type of Cancer _____ Age when diagnosed _____ mothers side or father's side	Relationship (e.g. mother) _____ Type of Cancer _____ Age when diagnosed _____ mothers side or father's side	
Do you use tobacco (cigarettes, chew, e-cigarettes, cigars)?	Yes	No	
Does anyone in your home use tobacco or smoke in the home?	Yes	No	
Have you ever thought about quitting, or have you tried to quit in the past?	Yes	No	
Cervical		Breast	
If only cervical services were provided, select the reason:	Patient refused breast services Patient needs cervical services only Already done by another provider Not eligible	If only breast services were provided, select the reason:	Patient refused cervical services Patient needs breast services only Already done by another provider Not eligible
Prior Pap done?	Yes No Unknown	Prior mammogram?	Yes No Unknown
If yes, date of prior Pap	/ (month and year)	If yes, date of prior mammogram	/ (month and year)
		Is client reporting recent breast symptoms?	Yes No Unknown
		Breast symptoms reported	Bloody nipple discharge Dimpling Ulceration Inflammation of the skin Pain Lump/mass Other:

OFFICE VISIT

Cervical		Breast	
Pelvic Exam performed?	Yes – at this clinic Yes – at another clinic or patient referred in for diagnostic evaluation No – normal exam within recommended screening period No – patient refused No – unable to perform at this time	Clinical Breast Exam (CBE) performed?	Yes – at this clinic Yes – at another clinic or patient referred in for diagnostic evaluation (<i>report results if known</i>) No – patient refused No – not needed
Date of exam	/ /	CBE Date	/ /
Pelvic Result	Normal Abnormal, NOT suspicious for cancer Abnormal, suspicious for cancer	CBE Result (check all that apply)	Normal exam Benign finding Bloody or serous nipple discharge Discrete palpable mass – suspicious for cancer Previously diagnosed benign Nipple/areolar scaliness Skin dimpling or retraction Inflammation
Pap Collected?	Yes – at this clinic Yes – at another clinic or patient referred in for diagnostic evaluation (<i>report results below if known</i>) No – normal pap within recommended period No – Hysterectomy, no cervical stump, no history of CIN II or worse No – patient proceeded directly for diagnostic work-up or HPV test No – patient refused No – unknown why	Mammogram Ordered?	Yes – at this clinic Yes – at another clinic or patient referred in for diagnostic evaluation (<i>report results if known</i>) No – normal mammogram within recommended period No – Mastectomy

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Indication for Pap	Routine Pap test Patient has a previous abnormal test Unknown	Mammogram Ordered? <i>(continued)</i>	No – patient only received CBE No – patient proceeded directly for other imaging or diagnostic work No – patient refused No – lost to follow-up
Date of Pap	/ /	Indication for initial mammogram	Routine screening mammography Done to evaluate symptoms, positive CBE, or previous abnormal mammogram Unknown
Specimen Type	Conventional smear Liquid-based Other Unknown		

RESULTS

Cervical		Breast	
Pap	Adequacy	Satisfactory Specimen not processed Unsatisfactory Unknown	Mammogram Date: / /
	Result:	Negative for intraepithelial lesion or malignancy ASC-US LSIL (including HPV changes) ASC-H HSIL (with features suspicious for invasion) Squamous Cell Carcinoma Abnormal Glandular Cells (including atypical, endocervical adenocarcinoma in situ, and adenocarcinoma) Result pending Result unknown, presumed abnormal, Pap test performed by a different provider Other: _____	Procedure Location: Result: BIRADS 1 – Negative BIRADS 2 – Benign finding BIRADS 3 – Probably benign – Initial short interval follow-up suggested BIRADS 4 – Suspicious abnormality; biopsy should be considered BIRADS 5 – Highly suggestive of malignancy; action should be taken BIRADS 0 – Assessment incomplete, needs additional imaging evaluation BIRADS 0 – File comparison required Unsatisfactory – Mammogram was technically unsatisfactory and could not be interpreted by radiologist Result pending Result unknown/presumed abnormal – Mammogram from a different provider
HPV test	HPV (high risk) test done?	Yes No Unknown	
	Location sent to:		
	Result:	Positive Negative	
	Date:	/ /	
Pap		Mammogram	

NEXT STEPS:

Cervical		Breast	
Follow-up Recommendation	Follow routine screening Short-term follow-up _____ Months Repeat Pap test Additional diagnostic procedures <i>(select one)</i> Colposcopy without biopsy Colposcopy with biopsy and/or ECC Endocervical curettage (ECC) alone HPV test (high risk) Gynecological consultation Other procedure not covered by ScreenWise	Follow-up Recommendation	Follow routine screening Short-term follow-up _____ Months Repeat Mammogram Additional diagnostic procedures <i>(select one)</i> CBE by consult Diagnostic mammogram Ultrasound Surgical consult Biopsy FNA/Cyst aspiration