### Documentation of Cervical Clinical Services

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<th>Last Name:</th>
<th>First Name:</th>
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<th>Maiden Name:</th>
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<tr>
<th>Clinic: □ New Screen. □ Follow-Up □ Rescreen Enrollment #:</th>
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#### FAMILY HISTORY (Required)

1. Client at high risk for cervical cancer?
   - [ ] Yes (e.g. client was exposed to diethylstilbestrol (DES) or is considered immunocompromised)
   - [ ] No
   - [ ] Not assessed

#### PAP TEST, PELVIC EXAM, AND HPV TEST (Required)

2. Prior Pap test: [ ] Yes [ ] No [ ] Unknown
   - Prior Pap test date: ____________ (MM/DD/YYYY)

3. Indication for today’s Pap test:
   - [ ] Routine Pap test
   - [ ] Client under surveillance for a previous abnormal test. Also considered a “rescreened” client
   - [ ] Pap test done by a non-program funded provider, client referred in for diagnostic evaluation
     - Date of referral: ____________ (MM/DD/YYYY)
   - [ ] Pap test done after primary HPV test positive
   - [ ] Pap test not done

   Why was Pap test not done? [ ] Refused [ ] Not Needed [ ] Needed but not performed

4. Pelvic exam date: (MM/DD/YYYY)
5. Today’s Pap test date: (MM/DD/YYYY)
   - [ ] 3 year (without HPV test)
   - [ ] 5 year (with HPV test)

6. What were today’s Pap test results?
   - [ ] Negative (for intraepithelial lesion or malignancy)
   - [ ] Infection/Inflammation/Reactive Changes
   - [ ] Atypical Squamous Cells of Undetermined Significance (ASC-US)*
   - [ ] Low-Grade Squamous Intraepithelial Lesion (LSIL)*
   - [ ] Atypical Squamous Cells cannot exclude HSIL (ASC-H Beth2001)*
   - [ ] High-Grade Squamous Intraepithelial Lesion (HSIL)*
   - [ ] Squamous Cell Carcinoma*
   - [ ] Abnormal Glandular Cells (AGC)*
   - [ ] Adenocarcinoma in situ (AIS)
   - [ ] Adenocarcinoma
   - [ ] Result Pending
   - [ ] Results unknown, presumed abnormal, from non-program funded sources
   - [ ] Other Pap results:

   *May require further diagnostic evaluation.

7. Specimen adequacy?
   - [ ] Satisfactory
   - [ ] Unsatisfactory-Repeat Pap Required

8. Indication for HPV test:
   - [ ] Co-Test or Screening
   - [ ] Reflex
   - [ ] Not Done
   - [ ] Unknown

9. HPV Test Result:
   - [ ] Positive with genotyping not done
   - [ ] Negative
   - [ ] Positive with positive genotyping (types 16 or 18)
   - [ ] Positive with negative genotyping (positive HPV, but not types 16 or 18)
   - [ ] Not Done

10. HPV test date: ____________ (MM/DD/YYYY)

11. Was the client referred for immediate cervical diagnostic workup to reach a final diagnosis?
   - [ ] Yes [ ] No

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Form Completed ____________ (MM/DD/YYYY) Form Completed by:

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Updated: 7/1/2019
12. Which services were paid by AICAF?

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<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Other:</th>
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<tbody>
<tr>
<td>Pelvic exam</td>
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<td>Pap test</td>
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<td>HPV test</td>
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<tr>
<td>Colposcopy without biopsy</td>
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<td>Colposcopy-directed biopsy/ECC</td>
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