Cervical Follow-up & Tracking Form

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
<th>Maiden Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>☐ New Screen ☐ Follow-Up ☐ Rescreen</td>
<td>Enrollment #:</td>
<td></td>
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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

(if no Pap test done, skip questions 5-9)

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:

7. Cervix present?
   - ☐ Yes (Cervical) ☐ No (Vaginal)

8. Specimen type:
   - ☐ Conventional ☐ Liquid-based ☐ Other

9. Specimen adequacy?
   - ☐ Satisfactory
   - ☐ Unsatisfactory-Repeat Pap Required

10. Indication for HPV test:
    - ☐ Co-Test or Screening ☐ Reflex
    - ☐ Not Done ☐ Unknown

11. 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

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

13. Where was Pap test/Pelvic exam performed?
    Facility/Clinic:

14. Was client referred for immediate cervical diagnostic workup to reach final diagnosis?
    ☐ Yes ☐ No

*May require further diagnostic evaluation.

Updated: 7/1/2019
### DIAGNOSTIC PROCEDURES (if applicable)

15. Colposcopy without Biopsy:  
- Yes  
- No

**Procedure Date:** ________________(MM/DD/YYYY)  
**Procedure Site:** _______________________

- Negative (WNL)  
- Inflammatory Reaction Changes  
- Other abnormality  
- Unsatisfactory  
- Refused

16. Colposcopy-directed Biopsy/Endocervical Curettage (ECC):  
- Yes  
- No

**Procedure Date:** ________________(MM/DD/YYYY)  
**Procedure Site:** _______________________

- Adenocarcinoma  
- Cervical Intraepithelial Neoplasia (CIN) I  
- CIN II  
- CIN III/Carcinoma in situ (CIS)  
- Invasive Carcinoma  
- Negative (WNL)  
- Other non-cancerous abnormality  
- Refused

17. Other Procedure #1:  
- Yes  
- No

**Procedure Date:** ________________(MM/DD/YYYY)  
**Procedure Site:** _______________________

- ECC  
- LEEP  
- Cone  
- Other:

**Results:**  
- Adenocarcinoma  
- CIN I  
- CIN II  
- CIN III/ CIS  
- Invasive Carcinoma  
- Negative (WNL)  
- Other non-cancerous abnormality  
- No tissue present (ECC only)  
- Refused

18. Other Procedure #2:  
- Yes  
- No

**Procedure Date:** ________________(MM/DD/YYYY)  
**Procedure Site:** _______________________

- ECC  
- LEEP  
- Cone  
- Other:

**Results:**  
- Adenocarcinoma  
- CIN I  
- CIN II  
- CIN III/ CIS  
- Invasive Carcinoma  
- Negative (WNL)  
- Other non-cancerous abnormality  
- No tissue present (ECC only)  
- Refused

### WORK-UP STATUS (Required)

19. Status of the final diagnosis?  
- Work-up complete  
- Irreconcilable (conflicting test results)  
- Deceased  
- Client lost to follow-up  
- Workup refused

20. Status of cervical cancer treatment?  
- Treatment started  
- Client lost to follow-up  
- Treatment refused  
- Treatment not recommended  
- May require additional information

21. Date of final diagnosis: ____________ (MM/DD/YYYY)

22. Date of treatment status: ________________(MM/DD/YYYY)

23. Final Diagnosis:  
- Normal/Benign Reaction/Inflammation  
- HPV/Condylomata/Atypia  
- CIN I/ Mild Dysplasia (biopsy diagnosis)  
- CIN II/ Moderate Dysplasia (biopsy diagnosis)§  
- CIN III/ Severe Dysplasia/ Carcinoma in situ (Stage 0)§(biopsy diagnosis)  
- Invasive Cervical Carcinoma (biopsy diagnosis)§  
- Other:  
- Low grade SIL (biopsy diagnosis)§

24. Client enrolled in Medicaid for treatment?  
- Yes  
- No

If no, why not?:

*May require further diagnostic evaluation.*

*Updated: 7/1/2019*
<table>
<thead>
<tr>
<th>Stage Information:</th>
<th>Summary stage:</th>
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<tbody>
<tr>
<td>Local</td>
<td>Regional</td>
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<tr>
<td>Distant</td>
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<tr>
<th>Procedures and treatment (Check all that apply)</th>
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<tbody>
<tr>
<td>Hysterectomy</td>
</tr>
<tr>
<td>Radiation</td>
</tr>
<tr>
<td>Chemotherapy</td>
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<tr>
<td>Loop Electrosion (LEEP)</td>
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<tr>
<td>Conization</td>
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<tr>
<th>Name of new provider:</th>
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| Phone of new provider: |

| Address of new provider: |

| Reason for transfer: |

| Comments: |

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<tr>
<th>Which services were paid by AICAF?</th>
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<tbody>
<tr>
<td>Pelvic exam</td>
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<tr>
<td>Pap test</td>
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<tr>
<td>HPV test</td>
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<tr>
<td>Colposcopy without biopsy</td>
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<tr>
<td>Colposcopy-directed biopsy/ECC</td>
</tr>
<tr>
<td>LEEP</td>
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<tr>
<td>Cone</td>
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<tr>
<td>Other:</td>
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