**A. PERSONAL DATA**

<table>
<thead>
<tr>
<th>ENROLLMENT SITE/SATELLITE (NAME AND ADDRESS)</th>
<th>REFERRING PROVIDER (FOR DIRECT BILLING)</th>
</tr>
</thead>
</table>

**B. CERVICAL DIAGNOSTIC PROCEDURES**

<table>
<thead>
<tr>
<th>Specialist Consultation</th>
<th>MM DD YYYY</th>
<th>Reporting Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Work-up Planned</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Colposcopy without Biopsy
- Colposcopy
- Polypectomy

- Cervical Biopsy
  - Endocervical Biopsy/ECC Biopsy
    - Endometrial Biopsy (Can only be reimbursed with cervical biopsy)
    - Colposcopy inadequate, need further diagnostic

<table>
<thead>
<tr>
<th>Diagnostic procedures, choose ONLY one</th>
<th>MM DD YYYY</th>
<th>Reporting Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEEP OR Cold Knife OR Endocervical Curettage (alone)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- LEEP
- Cold Knife
- Endocervical Curettage (alone)

**Other Cervical Procedure**

(Specify) ___________________________________________ /__ /__

(Use only for procedures performed for management of a cervical lesion.)

Next Cervical Cancer Screening Date

<table>
<thead>
<tr>
<th>MM DD YYYY</th>
</tr>
</thead>
</table>

Status of Final Diagnosis

- (1) Work-up Complete (Complete Section C)
- (2) Work-up Pending
- (3) Lost to F/U (Describe in comment section)
- (4) Work-up Refused (Describe in comment section/Must have signed waiver)
- (5) Irreconcilable (Does not follow typical protocol - FOR OFFICE USE ONLY) | Date: / / |

**SHOW ME HEALTHY WOMEN (SMHW)**
## C. CERVICAL DIAGNOSIS

**Final Diagnosis (RECORD MOST SEVERE RESULT) (Diagnostic results with (*) require treatment)**

- (1) Normal/Benign Reactive/Inflammation
- (2) HPV/Condylomata/Atypia
- (3) **CIN I/Mild Dysplasia/Low grade SIL (Biopsy Diagnosed)**
- (4) **CIN II/Moderate Dysplasia (Biopsy Diagnosed)** (Refer to BCCT)
- (5) **CIN III/Severe Dysplasia/High Grade SIL/Carcinoma In Situ (CIS), Stage 0 (Biopsy Diagnosed)** (Refer to BCCT)
- (6) **Invasive (Biopsy Diagnosed)** (Refer to BCCT)
- (7) Other__________________________________

(Use if woman has no cervix for cancer types: Vulval, Vaginal, Endometrial, Uterine, Ovarian)

**Final Diagnosis Date**

<table>
<thead>
<tr>
<th>MM</th>
<th>DD</th>
<th>YYYY</th>
</tr>
</thead>
</table>

## D. CERVICAL TREATMENT

**Status of Treatment**

- Started
- Pending
- Lost to F/U (Describe in comment section)
- Work up refused (Describe in comment section/Must have signed waiver)
- Not Needed

**Type**

- Cryotherapy
- Conization (LEEP, Cold Knife)
- Radiation Therapy
- Chemotherapy
- Surgery
- Immunotherapy
- Other Cancer Therapy - Specify _______________________________________________________________________

**Treatment Facility**

Facility Name/City

**Date Treatment Started**

<table>
<thead>
<tr>
<th>MM</th>
<th>DD</th>
<th>YYYY</th>
</tr>
</thead>
</table>

**Comments**