



WOMEN'S WAY CERVICAL DIAGNOSTIC RESULTS

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH PROMOTION & CHRONIC DISEASE PREVENTION

SFN 52197 (2-2023)

For LCU Use Only

Navigation Only: Yes No

Client Name (Last, First)	Date of Birth	Alternate ID Number
Facility Name	Provider Name	Appointment Date

Colposcopy with Biopsy **Colposcopy Without Biopsy**

Results: <input type="checkbox"/> Negative (WNL) <input type="checkbox"/> Invasive Squamous Cell Carcinoma <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Other Nonmalignant Abnormality (HPV, condyloma) <input type="checkbox"/> Not done - other/unknown reason <input type="checkbox"/> Refused	<input type="checkbox"/> CIN 1 - Mild Dysplasia <input type="checkbox"/> CIN 2 - Moderate Dysplasia <input type="checkbox"/> CIN 3 - Severe Dysplasia/CIS	Results: <input type="checkbox"/> Negative (WNL) <input type="checkbox"/> Infect/Inflam/React Changes <input type="checkbox"/> Other Abnormality <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not done - other/unknown reason <input type="checkbox"/> Refused
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Date Colposcopy Performed	Date Client Notified of Result	Colposcopy Paid by <i>Women's Way</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Recommended Follow-Up:

Pap in 1 year Pap in 2 years Pap in 3 years
 Repeat Pap Immediately Short-Term Follow-up : Number of Months: _____
 Colposcopy Alone Colposcopy with Biopsy Colposcopy with ECC Other Biopsy
 Cold Knife Cone (CKC) Definitive Treatment Gynecologic Consultation Pelvic Ultrasound
 HPV Test Hysterectomy LEEP

Colposcopy with Biopsy and ECC **Colposcopy with ECC** **Endocervical Curettage (ECC)**

Results: <input type="checkbox"/> Negative (WNL) <input type="checkbox"/> Invasive Squamous Cell Carcinoma <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Other Nonmalignant Abnormality (HPV, condyloma) <input type="checkbox"/> Not done - other/unknown reason <input type="checkbox"/> Refused	<input type="checkbox"/> CIN 1 - Mild Dysplasia <input type="checkbox"/> CIN 2 - Moderate Dysplasia <input type="checkbox"/> CIN 3 - Severe Dysplasia/CIS <input type="checkbox"/> No Tissue Present
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Date Performed	Date Client Notified of Result	Paid by <i>Women's Way</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Recommended Follow-Up:

Pap in 1 year Pap in 2 years Pap in 3 years
 Repeat Pap Immediately Short-Term Follow-up : Number of Months: _____
 Colposcopy Alone Colposcopy with Biopsy Colposcopy with ECC Other Biopsy
 Cold Knife Cone (CKC) Definitive Treatment Gynecologic Consultation Pelvic Ultrasound
 HPV Test Hysterectomy LEEP

Client Name (Last, First)	Date of Birth
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Other Procedures (NOT REIMBURSABLE WITH WOMEN'S WAY FUNDS):

LEEP
 Cold Knife Cone
 Other Biopsy
 Pelvic Ultrasound
 Hysterectomy

Other (specify): _____
 Complete additional forms if more than one "Other" procedure is done.

Results:

<input type="checkbox"/> Negative (WNL)	<input type="checkbox"/> CIN 1 - Mild Dysplasia	<input type="checkbox"/> Other Nonmalignant Abnormality (HPV, condyloma)
<input type="checkbox"/> Invasive Squamous Cell Carcinoma	<input type="checkbox"/> CIN 2 - Moderate Dysplasia	<input type="checkbox"/> Not done - other/unknown reason
<input type="checkbox"/> Adenocarcinoma	<input type="checkbox"/> CIN 3 - Severe Dysplasia/CIS	<input type="checkbox"/> Refused

Date Procedure Performed	Date Client Notified	Procedure Paid by <i>Women's Way</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Recommended Follow-Up:

Pap in 1 year
 Pap in 2 years
 Pap in 3 years

Repeat Pap Immediately
 Short-Term Follow-up : Number of Months: _____

<input type="checkbox"/> Colposcopy Alone	<input type="checkbox"/> Colposcopy with Biopsy	<input type="checkbox"/> Colposcopy with ECC	<input type="checkbox"/> Other Biopsy
<input type="checkbox"/> Cold Knife Cone (CKC)	<input type="checkbox"/> Definitive Treatment	<input type="checkbox"/> Gynecologic Consultation	<input type="checkbox"/> Pelvic Ultrasound
<input type="checkbox"/> HPV Test	<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> LEEP	

FINAL DIAGNOSIS

<p>Final Diagnosis Results:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> Normal/Benign/Inflammation</td> <td><input type="checkbox"/> CIN 2 - Moderate Dysplasia *</td> </tr> <tr> <td><input type="checkbox"/> HPV/Condylomata/Atypia</td> <td><input type="checkbox"/> CIN 3 - Severe Dysplasia/CIS *</td> </tr> <tr> <td><input type="checkbox"/> Low Grade SIL</td> <td><input type="checkbox"/> High Grade SIL *</td> </tr> <tr> <td><input type="checkbox"/> CIN 1 - Mild Dysplasia</td> <td><input type="checkbox"/> Invasive Cervical Carcinoma *</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify): _____</td> </tr> </table> <p>* Treatment is required. Treatment is optional for HPV, CIN I, LSIL, and Other</p>	<input type="checkbox"/> Normal/Benign/Inflammation	<input type="checkbox"/> CIN 2 - Moderate Dysplasia *	<input type="checkbox"/> HPV/Condylomata/Atypia	<input type="checkbox"/> CIN 3 - Severe Dysplasia/CIS *	<input type="checkbox"/> Low Grade SIL	<input type="checkbox"/> High Grade SIL *	<input type="checkbox"/> CIN 1 - Mild Dysplasia	<input type="checkbox"/> Invasive Cervical Carcinoma *	<input type="checkbox"/> Other (specify): _____		<p>Cancer Stage:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> Stage I</td> <td><input type="checkbox"/> Summary Local</td> </tr> <tr> <td><input type="checkbox"/> Stage II</td> <td><input type="checkbox"/> Summary Regional</td> </tr> <tr> <td><input type="checkbox"/> Stage III</td> <td><input type="checkbox"/> Summary Distant</td> </tr> <tr> <td><input type="checkbox"/> Stage IV</td> <td><input type="checkbox"/> Unstaged</td> </tr> <tr> <td><input type="checkbox"/> Stage Unknown</td> <td></td> </tr> </table>	<input type="checkbox"/> Stage I	<input type="checkbox"/> Summary Local	<input type="checkbox"/> Stage II	<input type="checkbox"/> Summary Regional	<input type="checkbox"/> Stage III	<input type="checkbox"/> Summary Distant	<input type="checkbox"/> Stage IV	<input type="checkbox"/> Unstaged	<input type="checkbox"/> Stage Unknown	
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<input type="checkbox"/> Stage Unknown																					

<p>Status of Final Diagnosis:</p> <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Lost to Follow-Up	Date of Final Diagnosis	Date Client Notified of Final Diagnosis
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CERVICAL CANCER TREATMENT STATUS

Date Treatment Plan Developed and Started

Treatment Status:

Started
 Pending
 Tx Not Needed
 Refused
 Lost to Follow-Up



Treatment Provided	Date Performed
Cryotherapy	
LEEP	
Laser Therapy	
Cone Biopsy	
Hysterectomy	
Radiation	
Systemic Chemotherapy	
Other	

Treatment Provided By