Women's Wellness Connection

CLINICAL SERVICES REPORT

WOMEN'S WELLNESS connection
Connect. Get checked. Be well.

Colorado Department of Public Health and Environment

AGENCY OR SITE #	CLINICIAN NAME	WWC#

LAST NAME	FIRST NAME	SSN	DATE OF BIRTH	AGE

MEDICAL HISTORY:
- ☐ New breast symptoms in last 3 months
- ☐ Prior DX of breast cancer
- ☐ Parent / Sibling / Child has history of breast cancer
- ☐ Menopause
- ☐ History of cervical cancer or CIN II/III
- ☐ Immunocompromised
- ☐ DES

PREVIOUS MAMMOGRAM:
Yes (choose one): ☐ Date known: Date: _____
☐ Date unknown but <2 years
☐ Date unknown but >2 years
☐ No
☐ Patient does not know

CURRENT MAMMOGRAM REASON:
- ☐ Routine screening mammogram
- ☐ Patient referred in for diagnostic evaluation Referral Date:_____
- ☐ Mammogram not done: ☐ Not needed ☐ Refused ☐ No show ☐ Not eligible
- ☐ Cervical record only – breast services not done.
- ☐ Abnormal CBE or new symptoms
- ☐Previous abnormal mammogram
- ☐ Short term follow-up

TOBACCO USE ASSESSMENT:
- ☐ Patient screened positive
  - ☐ Agency faxed referral
  - ☐ Patient declined referral
- ☐ Patient screened negative
- ☐ Patient not screened

PREVIOUS PAP TEST:
Yes (choose one): ☐ Date known: Date: _____
☐ Date unknown but <5 years
☐ Date unknown but >5 years
☐ No
☐ Patient does not know

CURRENT PAP TEST REASON:
- ☐ Routine Pap Test
- ☐ Previous abnormal test
- ☐ Patient referred in for diagnostic evaluation Referral Date: _____
- ☐ Patient proceeded directly to Dx or HPV test
- ☐ No pap test done : ☐ Not needed ☐ Refused ☐ No show ☐ Not eligible
- ☐ Breast record only – cervical services not done.
- ☐ New cervical symptoms
- ☐ Short term follow-up

HYSTERECTOMY STATUS:
- ☐ Hysterectomy due to cervical neoplasia/cancer
- ☐ Hysterectomy with Intact cervix
- ☐ No hysterectomy
- ☐ Hysterectomy unrelated to cervical neoplasia (e.g. fibroids)

SCREENING RESULTS: *Results require further immediate follow-up!

CBE RESULT: Type: ☐ Screen ☐ Repeat — DATE PERFORMED:
- ☐ Normal exam
- ☐ Benign exam (includes fibrocystic changes, vague nodularity)
- ☐ Discrete lump, previously dx as benign
- ☐ *Bloody, clear or serous nipple discharge
- ☐ *Discrete palpable lump, suspicious
- ☐ *Nipple or areolar scaliness, rash or color change
- ☐ *Skin dimpling or nipple retraction
- ☐ *Suspicious breast pain

LOCATION PERFORMED: FUNDING: ☐ WWC ☐ Other:

MAM RESULT: Type: ☐ Screen ☐ Diagnostic — DATE PERFORMED:
- ☐ BI-RADS 1: Negative
- ☐ BI-RADS 2: Benign
- ☐ BI-RADS 3: Probably benign
- ☐ *BI-RADS 4: Suspicious abnormality
- ☐ *BI-RADS 5: Highly suggestive of malignancy
- ☐ *BI-RADS 0: Assessment is incomplete, need additional imaging
- ☐ *Film comparison required

LOCATION PERFORMED: MAMMOGRAM TECHNOLOGY:☐ Digital ☐ Analog FUNDING: ☐ WWC ☐ Other:

PELVIC RESULT: DATE PERFORMED:
- ☐ Normal exam
- ☐ Abnormal (fibroids, prolapse, etc.)
- ☐ *Abnormal, suggestive of cervical neoplasia

LOCATION PERFORMED: FUNDING: ☐ WWC ☐ Other:

PAP RESULT: ☐ Provider interpretation — DATE PERFORMED:
- ☐ Negative for intraepithelial lesion or malignancy
- ☐ Negative (no ECC)
- ☐ *ASC-US
- ☐ *Low grade SIL encompassing HPV, mild dysplasia/ CIN I
- ☐ *ASC-H
- ☐ *High grade SIL encompassing moderate & severe dysplasia, CIN II & CIN III / CIS
- ☐ *Atypical glandular cells-AGC (includes NOS / favor neoplasia / AIS)
- ☐ *Squamous cell carcinoma
- ☐ Other (specify below):

LOCATION PERFORMED: FUNDING: ☐ WWC ☐ Other:

ADEQUACY: ☐ Satisfactory ☐ Unsatisfactory SPECIMEN TYPE: ☐ Conventional ☐ Liquid based ☐ Other:

HPV TEST RESULT: DATE PERFORMED:
- ☐ Negative
- ☐ *Positive
- ☐ Insufficient

LOCATION PERFORMED: FUNDING: ☐ WWC ☐ Other:

BREAST FOLLOW-UP:
- ☐ Follow routine screening
- ☐ Patient needs short-term follow-up: Return in ____ months
- ☐ Screening or diagnostic procedures not complete because:
  - ☐ Pending screenings
  - ☐ Lost to follow-up: Date: _____
  - ☐ Refused: Date: _____
- ☐ Client referred for further immediate work-up
- ☐ Deceased, screenings/diagnostics not complete

CERVICAL FOLLOW-UP:
- ☐ Pap / Pelvic in 1 year
- ☐ Pap in 2 years
- ☐ Pap in 3 years
- ☐ Patient needs short-term follow-up: Return in ____ months
- ☐ Screening or diagnostic procedures not complete because:
  - ☐ Pending screenings
  - ☐ Lost to follow-up: Date: _____
  - ☐ Refused: Date: _____
- ☐ Client referred for further immediate work-up
- ☐ Deceased, screenings/diagnostics not complete