SEARHC/Breast and Cervical Health Program (BCHP)
BREAST AND CERVICAL CANCER SCREENING FORM

Provider Name/Clinic Site:	Visit Date:	Medical Record Number:

CLIENT INFORMATION

Last	First MI	Race (please mark the one most identified with)
Address	Social Security Number	" Alaska Native /American Indian " White Black Hispanic " Asian / Pacific Islander " Other ____________________ " Unknown

City	State	Zip	Date of Birth

Day Phone ( )	Night/Contact Phone ( )	Client heard about program from? Health Fair Media Friend SEARHC Provider Other __________ Unknown

BREAST CANCER HISTORY

Have you ever had a mammogram before?
Yes Approximate date of most recent mammogram: ____________
No

Did breast symptoms (lump, discharge) lead to this visit?	Yes	No	Unknown
Personal history of breast cancer?	Yes	No	Unknown
Breast cancer in a close relative?	Yes	No	Unknown

CERVICAL CANCER HISTORY

Have you ever had a Pap test before?
Yes Approximate date of most recent Pap: ________________
No

History of abnormal Pap?	Yes	No	Unknown
History of cervical cancer?	Yes	No	Unknown

BREAST CANCER SCREENING

Date of Clinical Breast Exam (CBE) ____________________
Findings of CBE (Please circle specific findings)
Normal/Benign (fibrocystic changes, diffuse lumpiness, etc.)

Abnormal/Suspicious for cancer (discrete palpable mass, nipple discharge, nipple or areolar scaliness, skin dimpling or retractions, etc.). **Further evaluation is recommended.**

Other abnormal, **not** suspicious for cancer
CBE not needed
CBE needed but not performed this visit ____________________
(Specify reason)

Referred for a screening mammogram?
Yes No, client refused No, not needed

When was the mammogram performed? ____________________

Screening mammogram findings (Select one) **Result date:** ____________
- Negative
- Benign findings
- Probably benign, short interval follow-up indicated
- Suspicious abnormality, biopsy should be considered
- Highly suggestive of malignancy, appropriate action should be taken
- Assessment incomplete, need additional imaging evaluation

Date client notified of mammogram result ____________________

What was the funding source for the screening mammogram?
Southeast Alaska BCCEDP Other ________________

CERVICAL CANCER SCREENING

Did client receive a comprehensive pelvic exam this visit?
Yes No, not needed No, client refused
Was the cervix present?
Yes No

Did the client receive a Pap test?
- Yes, this visit Date: ________________
- No, not needed
- No, client refused
- Needed, but not performed this visit ____________________
(Specify reason)

Pap test findings **Result date:** ________________
Specimen adequacy
- Satisfactory
- Satisfactory but limited by ____________________
- Unsatisfactory for evaluation due to ____________________

Results (Select one)
- Negative (within normal limits)
- Infection/inflammation/reactive changes
- Atypical squamous cells of undetermined significance (ASCUS)
- Low grade SIL (mild dysplasia, including HPV changes)
- High grade SIL (moderate, severe dysplasia, CIS)
- Squamous cell cancer
- Other ____________________

Date client notified of Pap test result: ____________________

What was the funding source for the Pap test?
Southeast Alaska BCCEDP Other ________________

BREAST CANCER SCREENING FOLLOW-UP STATUS

Was the client referred for surgical consultation, repeat breast exam, diagnostic mammogram, ultrasound, breast biopsy, fine needle aspiration, or any other diagnostic procedure? (please circle all that apply)
Yes → Date referred for procedure(s): ____________________
No → **Next Mammogram due**: ____________________

CERVICAL CANCER SCREENING FOLLOW-UP STATUS

Was the client referred for a colposcopy, cervical biopsy, or other diagnostic procedure for possible cervical cancer? (please circle all that apply)

Yes → Date referred for procedure(s): ____________________
No → **Next Pap due:** ____________________