Washington State Department of Health

BREAST AND CERVICAL HISTORY/EXAM/SCREENING FORM

Breast, Cervical and Colon Health Program
Saving Lives Through Early Detection

Client Name: _____ **DOB:** _____

PROVIDER: _____ **CLINIC:** _____ **DOS:** _____

MEDICAL HISTORY

CERVICAL HEALTH HISTORY: Have you ever had a Pap test? ☐ Yes ☐ No ☐ Unknown
If yes, was your last Pap test more than 5 years ago? ☐ Yes ☐ No ☐ Unknown
Date of last Pap test (mm/dd/yyyy) _____ **Results** ☐ Normal ☐ Abnormal ☐ Unknown

Hysterectomy? ☐ Yes ☐ No **If Yes, was it for CIN II/III or cervical cancer?** ☐ Yes ☐ No ☐ Don't Know

BREAST HEALTH HISTORY: Have you had a screening mammogram BEFORE enrollment in BCCHP? ☐Yes ☐No ☐Unknown
If yes, date of prior screening mammogram (mm/dd/yyyy) _____ **Results** ☐ Normal ☐ Abnormal ☐Unknown

Do you identify as? ☐ Heterosexual ☐ Lesbian ☐ Bi-Sexual ☐ Transgender **Do you have sexual contact with?** ☐ Men ☐ Women ☐ Both
Do you have a disability? ☐ Yes ☐ No **If Yes, does this disability make accessing BCCHP services difficult?** ☐ Yes ☐ No
Type of disability ☐ Mobility / physical ☐ Hearing ☐ Visual ☐ Developmental ☐ Other (specify) _____

LMP (Date) _____ **Post – Menopausal?** ☐Yes ☐No

OTHER HEALTH INFORMATION BMI _____ ☐ **Current smoker** ☐ **Referred to Tobacco Quit Line**

BREAST HEALTH HISTORY

AGES 40-64

Identified Risk Factors for Breast Cancer (check if yes):

☐ **Has your mother, sister, or daughter ever had breast cancer?** ☐ **Have you ever had breast cancer?**
☐ **Do you have any pre-malignant biopsy history?** ☐ **Never given birth or first birth after age 30?**

Has any relative on either side of your family had breast cancer before they were 50 years of age? ☐ **Yes** ☐ **No**
Has any relative on either side of your family had ovarian cancer? ☐ **Yes** ☐ **No**
Have any of your male relatives ever had breast cancer? ☐ **Yes** ☐ **No**

CERVICAL HEALTH HISTORY

AGES 40-64

Identified Risk Factors for Cervical Cancer (check if yes):

☐ **Abnormal Pap history** ☐ **History of HPV** ☐ **HIV Positive**

BREAST EXAM/SCREENING

AGES 40-64

BREAST: Client Reports Breast Symptoms ☐ Yes ☐ No If Yes, **specify** _____
CBE Performed: ☐ Yes ☐ No If No, **Why** ☐ Not Indicated / Not Needed ☐ Other / Unknown ☐ Refused

CBE Results:

Normal/Benign	**Suspicious for Breast Cancer** (*Diagnostic work-up required)
☐ Normal Exam	☐ *Discrete Palpable Mass – Suspicious for Cancer
☐ Benign Finding (specify)_____	☐ *Bloody or serous spontaneous nipple discharge
☐ Implants	☐ *Nipple or areolar scaliness
☐ Absent Breast(s)	☐ *Skin changes (dimpling, retraction, redness, swelling, heat)

Indication for Mammogram: ☐Routine Screen ☐ Evaluate symptoms, positive CBE, or previous abnormal mammogram
☐Referred by non-BCCHP provider for diagnostic evaluation

Mammogram not done: ☐ CBE only or direct for other imaging / diagnostic workup ☐ Not needed / other ☐ Refused

Refer for Mammogram ☐ Yes, **Referred to** _____

***Diagnostic Work-up Plan** ☐ Biopsy ☐ Cyst Aspiration ☐ Diagnostic Mammogram ☐ Fine Needle Aspiration
☐ Surgical Consultation / Repeat Breast Exam ☐ Ultrasound ☐ Breast Smear ☐ Glactogram

***A mammogram (or additional mammographic views) is not sufficient evaluation of an abnormal CBE.**
Palpable breast masses need to be evaluated clinically and/or with additional imaging regardless of mammogram result.

DOH 342-057 March 2010

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CERVICAL EXAM/SCREENING

AGES 40-64

CERVICAL: **Pelvic Exam Performed** ☐ Yes ☐ No, **Why?** ☐ Not Indicated/Not Needed ☐ Other/Unknown ☐ Refused

Pelvic Exam Results:

Normal/Negative	Suspicious for Cervical Cancer (*Diagnostic work-up required)	Other Finding
☐ Normal	☐ *Visible Mass	☐ Inflammation ☐ Infection
☐ Absent Cervix	☐ *Suspicious lesions (white patch, wart)	☐ Unusual Discharge ☐ Polyp

Indication for Pap Test: ☐Routine Screen ☐Surveillance for previous abnormal pap ☐ Direct to diagnostic workup or HPV test ☐Referred by non-BCCHP provider for diagnostic evaluation ☐ Not Needed / Other ☐ Refused

Pap Test Performed: ☐Conventional ☐ Liquid Lab Name _____

Specimen Adequacy: ☐ Unknown ☐ Satisfactory ☐ Unsatisfactory (If Unsatisfactory, DO NOT MARK RESULT BELOW)

Pap Test Results:
- ☐ Negative
- ☐ ASC-US (HPV testing recommended)
- ☐ Low grade SIL (including HPV changes)
- ☐ *ASC-H (Atypical squamous cells cannot exclude HSIL)
- ☐ *High grade SIL (with features suspicious for invasion)
- ☐ *Squamous cell cancer
- ☐ *AGC (incl atypical, endocervical adenocarcinoma in situ and adenocarcinoma)

HPV Test Performed: ☐ Yes☐ No **If Yes, Date:** _____ **Result is** ☐ Positive ☐ Negative ☐ Indeterminant

***Diagnostic Work-up Plan**: ☐ Biopsy ☐ Consultation ☐ Colposcopy ☐ Colposcopy with Biopsy ☐ LEEP ☐ Conization

Client Counseled/Taught About	Recommendations
☐ Risk of cervical neoplasia and/or breast cancer	☐ Next Pap test due in _____ months
☐ Importance of screening exams (breast and cervical)	☐ Next mammography/radiology due in _____ months

SERVICES BILLED

New BCCHP Client		Established BCCHP Client	
☐ **99201** – Office brief new	☐ **99386** – Prev new age 40-64	☐ **99211** – Office brief est	☐ **99396** – Prev est age 40-64
☐ **99202** – Office expand new	☐ **99387** – Prev new age 65+	☐ **99212** – Office expand est	☐ **99397** – Prev est age 65+
☐ **99203** – Office detail new		☐ **99213** – Office detail est	

PROVIDER SIGNATURE_____ Date _____

PLEASE PRINT NAME HERE _____

Provider Comments:

PLEASE FAX BOTH PAGE 1 AND PAGE 2 TO BCCHP PRIME CONTRACTOR: (509) 324-1408