Washington State Department of Health

Public Health
Seattle & King County

Breast Cervical & Colon Health Program
401 5th Ave #1110 Seattle WA 98104
T 206-263-8176 F 206-296-0208

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

DOH 342-057 Feb 2018

BREAST & CERVICAL HISTORY/EXAM/SCREENING FORM

Please Print

BCCHP ID#	Authorization #

Last Name:	First Name:	MI:	Date of Birth	Date:

Clinic/Screening Site: **Provider:**

Appt. Date: **Appointment Time:** **Clinic Chart #:**

Health Insurance: ☐ No ☐ Yes: If "Yes", company: Policy/ID #: Deductible Amount :$

CERVICAL HEALTH HISTORY

Previous Pap Test?
☐ Yes ☐ No ☐ Unknown
If "Yes", Date of previous Pap test:
Results: ☐ Normal ☐ Abnormal ☐ Unknown

Have you had a Hysterectomy?
☐ Yes, *Date of hysterectomy:* ☐ No ☐ Unknown
If "Yes", reason for hysterectomy:
☐ CIN2/3 or cervical cancer ☐ Not cancer ☐ Unknown
Do you have a cervix? ☐ Yes ☐ No ☐ Unknown

Personal History of abnormal Paps? ☐ Yes ☐ No ☐ Unknown
History of HPV? ☐ Yes ☐ No ☐ Unknown
HIV Positive? ☐ Yes ☐ No ☐ Unknown
Did your mother take Diethylstilbestrol (DES) when pregnant with you?
☐ Yes ☐ No ☐ Unknown

BREAST HEALTH HISTORY

Previous Mammogram?
☐ Yes ☐ No ☐ Unknown
If "Yes", Date of previous Mammogram:
Results: ☐ Normal ☐ Abnormal ☐ Unknown
Do you have breast implants? ☐ Yes ☐ No
Family history of breast cancer 1st degree relative
(Mother, father, sister, brother, daughter or son)?
☐ Yes ☐ No ☐ Unknown *If "Yes", Age:*
Personal history of breast cancer? ☐ Yes ☐ No ☐ Unknown
If "Yes", Age:
Personal history of a pre-cancerous breast condition?
☐ Yes ☐ No ☐ Unknown *If "Yes", Age :*
Have you ever given birth? ☐ Yes ☐ No
Age of first full-term pregnancy?

Tobacco use: Current smoker? ☐ Yes ☐ No ☐ Never Smoked If "Yes", ever counseled to stop? ☐ Yes ☐ No

What is your gender identity? (Optional)
☐ Female ☐ Male ☐ Transman ☐ Transwoman
☐ Genderqueer ☐ Gender Non-Binary ☐ Agender ☐ _____

Who have you had sex with in the last year? (Optional)
☐ Men ☐ Women ☐ Both ☐ None

Disability? ☐ Yes ☐ No
If "Yes", Type:
☐ Mobility/Physical ☐ Hearing ☐ Visual ☐ Developmental
☐ Other (specify):
If "Yes", does this cause difficulty in accessing services? ☐ Yes ☐ No

BREAST EXAM / SCREENING

CBE performed: ☐ Yes ☐ No If "No" reason why: ☐ Not indicated ☐ Refused ☐ Other/Unknown

Reporting symptoms: ☐ Yes ☐ No If "Yes", specify:

CBE Results: ***Normal / Benign***
☐ Normal
☐ Benign Finding: specify:
☐ Implants ☐ R ☐ L
☐ Mastectomy ☐ R ☐ L

Current Suspicious Findings*
Must have diagnostic plan
☐ Discrete palpable mass
☐ Bloody or serous nipple discharge
☐ Nipple or areolar scaliness
☐ Skin changes (dimpling, retraction, inflammation)

Refer for Mammogram: ☐ Yes ☐ Not indicated ☐ Need other diagnostics ☐ Refused

Indication for Mammogram:
☐ Routine Screen
☐ Evaluate symptoms/abnormal finding, abnormal mammogram
☐ Referred by non-BCCHP provider for diagnostic evaluation

Referred to:

Diagnostic Work-Up Plan*
☐ Diagnostic Mammogram
** A mammogram or additional 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 results.*
☐ Ultrasound
☐ Biopsy
☐ Surgical Consult/Repeat CBE
☐ Fine Needle Aspiration
☐ Cyst Aspiration
☐ Breast Smear
☐ Ductogram / Galactogram

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Clinic/Screening Site:			**Appt. Date:**

CERVICAL EXAM / SCREENING

Pelvic exam performed: ☐ Yes ☐ No ***If Pelvic exam not done:*** ☐ Not needed / other ☐ Refused

Pelvic Exam Results:
Normal / Benign
☐ Normal
Cervix:
☐ Absent
☐ Present

Pelvic Exam Results: *Other Findings*
☐ Inflammation
☐ Infection
☐ Unusual discharge
☐ Polyp(s)

Pelvic Exam Results*:*
Suspicious for cervical cancer*
These findings must have diagnostic plan
☐ Visible Mass
☐ Suspicious Lesions

Diagnostic Work-Up Plan*
☐ Colposcopy
☐ Colposcopy/Biopsy
☐ Consultation
☐ Biopsy

Pap Test Performed: ☐ Yes ☐ Conventional ☐ Liquid ☐ No Sent to Lab:
If Pap test not done: ☐ Not needed / Other ☐ Refused

Indication for Pap test:
☐ Routine Screen
☐ Surveillance (previous abnormal Pap smear)
☐ Referred by non-BCCHP provider for diagnostic evaluation
☐ Referred directly for diagnostic work-up

Pap Test: *Specimen Adequacy*
☐ Satisfactory
☐ Unsatisfactory - Do not mark result
☐ No endocervical cells

Pap Test Result: *Normal / Benign*
☐ Negative
☐ ASC-US (Follow-up required)
☐ Other_____

Pap Test Result: *Suspicious Findings**
Must have diagnostic plan
☐ LSIL *(work up depends on HPV results)*
☐ ASC-H: cannot exclude HSIL
☐ HSIL
☐ Adenocarcinoma In Situ (AIS)*
☐ Squamous cell Carcinoma*
☐ Atypical Glandular Cells (AGC)*
See Cervical Care Algorithm and ASCCP Guidelines for work up

The following procedures must be pre-authorized:
☐ Diagnostic LEEP
☐ Conization
☐ Endometrial Biopsy

HPV Test: ☐ Yes ☐ No Date:

HPV Result: ☐ Negative ☐ Indeterminate ☐ Positive
See Cervical Care Algorithm and ASCCP Guidelines for work-up

EDUCATION AND FOLLOW-UP

Client Counseled/Educated about:
☐ Risk factors for breast and cervical cancer
☐ Importance of breast and cervical screening exams
☐ Tobacco cessation

Recommendations for Follow-Up
☐ Next Mammogram due in months or years
☐ Next Pap test in months or years
☐ Diagnostic Work-Up and follow-up:

PROVIDER COMMENTS

_____

_____

_____

REIMBURSEMENT REQUEST FOR SERVICES

Preventive Office Services:
☐ 99386-new client (40-64 years old)
☐ 99387-new client (65+ years old)
☐ 99396-established client (40-64 years old)
☐ 99397-established client (65+ years old)

Office Services:
☐ 99201-new client, problem-focused, straightforward (10 minutes)
☐ 99202-new client, expanded-focused, straightforward (20 minutes)
☐ 99203-new client, detailed, low complexity, straightforward (30 minutes)
☐ 99211-established client, problem-focused, straightforward (5 minutes)
☐ 99212-establsihed client, expanded-focused, straightforward (10 minutes)
☐ 99213-establsihed patient-expanded focused, low complexity (15 minutes)
☐ 99214-established patient-detailed, moderate complexity (25 min)

DIAGNOSTIC PROVIDER SIGNATURE	Print Name	Telephone Number	Date

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