Washington State Department of Health
DOH 342-057 Jan 2016

SPOKANE REGIONAL HEALTH DISTRICT
PHONE 509-323-2851 FAX 509-324-1408
WWW.SRHD.ORG

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

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: Appt 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?
☐ No ☐ Unknown ☐ Yes, *Date of hysterectomy:*
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 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 :*
Never given birth? ☐ Yes ☐ No
Age of first pregnancy?:

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

Sexual Preference?
Identify as: ☐ Heterosexual ☐ Lesbian ☐ Bi-Sexual ☐ Transgender
Sexual Contact with: ☐ 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

FAX both pages of this form to the BCCHP Prime Contractor at: 509-324-1408 updated 10-01-2015

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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

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

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

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

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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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For persons with disabilities, this document is available on request in other formats. To submit a request, call 1-800-525-0127 (TDD/TTY call 711)