

<p><b>Comments:</b></p>	<p style="text-align: center;">- Affix label here-</p> <p>Clinical Center/ID: _____ - _____ - _____</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
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<p>1. Contact date: _____ (M/D/Y)</p> <p>2. Completed by: _____</p> <p>3. Contact type:</p> <p><input type="checkbox"/><sub>1</sub> Phone      <input type="checkbox"/><sub>3</sub> Visit</p> <p><input type="checkbox"/><sub>2</sub> Mail      <input type="checkbox"/><sub>8</sub> Other</p>	<p>4. Visit type:</p> <p><input type="checkbox"/><sub>1</sub> Screening # _____</p> <p><input type="checkbox"/><sub>2</sub> Semi-Annual # _____</p> <p><input type="checkbox"/><sub>3</sub> Annual # _____</p> <p><input type="checkbox"/><sub>4</sub> Non-Routine</p>
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<p>5. Date pelvic exam performed: _____ (M/D/Y)</p> <p>6. Pelvic exam performed by:</p> <p><input type="checkbox"/><sub>1</sub> CC staff</p> <p><input type="checkbox"/><sub>2</sub> Other ↘</p>	<p>8. Vagina</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:10%; text-align: center;">No</th> <th style="width:10%; text-align: center;">Yes, probably benign</th> <th style="width:10%; text-align: center;">Yes, possibly malignant</th> </tr> </thead> <tbody> <tr><td>8.1. Atrophy</td><td style="text-align: center;"><input type="checkbox"/><sub>0</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td></tr> <tr><td>8.2. Smooth</td><td style="text-align: center;"><input type="checkbox"/><sub>0</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td></tr> <tr><td>8.3. Pale</td><td style="text-align: center;"><input type="checkbox"/><sub>0</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td></tr> <tr><td>8.4. Friable with contact</td><td style="text-align: center;"><input type="checkbox"/><sub>0</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td></tr> <tr><td>8.5. Blood present</td><td style="text-align: center;"><input type="checkbox"/><sub>0</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td></tr> <tr><td>8.6. Abnormal discoloration</td><td style="text-align: center;"><input type="checkbox"/><sub>0</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td></tr> <tr><td>8.7. Ulceration</td><td style="text-align: center;"><input type="checkbox"/><sub>0</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td></tr> <tr><td>8.8. Growth</td><td style="text-align: center;"><input type="checkbox"/><sub>0</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td></tr> </tbody> </table>		No	Yes, probably benign	Yes, possibly malignant	8.1. Atrophy	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	8.2. Smooth	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	8.3. Pale	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	8.4. Friable with contact	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	8.5. Blood present	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	8.6. Abnormal discoloration	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	8.7. Ulceration	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	8.8. Growth	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
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6.1. Report taken by: \_\_\_\_\_

6.2. MD Name: \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

6.3. Were there any abnormal findings found during the pelvic exam?

<sub>0</sub> No

<sub>1</sub> Yes

6.4. Verbal report provided by:

\_\_\_\_ Clinician:  
 Name/Title \_\_\_\_\_

\_\_\_\_ Participant

<p>7. External genitalia (vulva):</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;"></th> <th style="width:10%; text-align: center;">No</th> <th style="width:10%; text-align: center;">Yes, probably benign</th> <th style="width:10%; text-align: center;">Yes, possibly malignant</th> </tr> </thead> <tbody> <tr><td>7.1. Loss of adipose tissue</td><td style="text-align: center;"><input type="checkbox"/><sub>0</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td></tr> <tr><td>7.2. Thinning of hair</td><td style="text-align: center;"><input type="checkbox"/><sub>0</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td></tr> <tr><td>7.3. Abnormal discoloration</td><td style="text-align: center;"><input type="checkbox"/><sub>0</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td></tr> <tr><td>7.4. Ulceration</td><td style="text-align: center;"><input type="checkbox"/><sub>0</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td></tr> <tr><td>7.5. Growth</td><td style="text-align: center;"><input type="checkbox"/><sub>0</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td><td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td></tr> </tbody> </table>		No	Yes, probably benign	Yes, possibly malignant	7.1. Loss of adipose tissue	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	7.2. Thinning of hair	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	7.3. Abnormal discoloration	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	7.4. Ulceration	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	7.5. Growth	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<p>8.9. Cystocele:</p> <p><input type="checkbox"/><sub>0</sub> None</p> <p><input type="checkbox"/><sub>1</sub> Grade 1 (in vagina)</p> <p><input type="checkbox"/><sub>2</sub> Grade 2 (to introitus)</p> <p><input type="checkbox"/><sub>3</sub> Grade 3 (outside vagina)</p> <p>8.10. Rectocele:</p> <p><input type="checkbox"/><sub>0</sub> None</p> <p><input type="checkbox"/><sub>1</sub> Grade 1 (in vagina)</p> <p><input type="checkbox"/><sub>2</sub> Grade 2 (to introitus)</p> <p><input type="checkbox"/><sub>3</sub> Grade 3 (outside vagina)</p>
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Chart notes:

9. Cervix:

- <sub>0</sub> Absent
- <sub>1</sub> Present

	No	Yes, probably benign	Yes, possibly malignant
9.1. Flush with vaginal vault	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
9.2. Friable with contact	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
9.3. Surface lesion/growth (other than ectopy, Nabothian cyst)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
9.4. Polyp	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

10. Uterus:

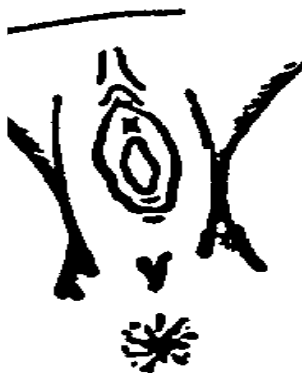
- <sub>0</sub> Absent (Go to Question 11.)
- <sub>1</sub> Present
- <sub>9</sub> Unable to palpate (Go to Question 11.)

10.1. Prolapse:	10.2. Uterine size:	10.3. Enlarged since last exam:
<input type="checkbox"/> <sub>0</sub> None	<input style="width: 50px; height: 15px;" type="text"/> weeks	<input type="checkbox"/> <sub>0</sub> No
<input type="checkbox"/> <sub>1</sub> Grade 1 (in vagina)		<input type="checkbox"/> <sub>1</sub> Yes
<input type="checkbox"/> <sub>2</sub> Grade 2 (to introitus)		
<input type="checkbox"/> <sub>3</sub> Grade 3 (outside vagina)		

11. Adnexae:

- <sub>0</sub> Normal
  - <sub>1</sub> Mass present
  - <sub>9</sub> Unable to palpate/absent
- |       |                                             |
|-------|---------------------------------------------|
| 11.1. | <input type="checkbox"/> <sub>1</sub> Right |
|       | <input type="checkbox"/> <sub>2</sub> Left  |
|       | <input type="checkbox"/> <sub>3</sub> Both  |

External genitalia:



PAP SMEAR

12. Was Pap smear obtained?

- <sub>0</sub> No, not done
- <sub>1</sub> No, send for outside report
- <sub>2</sub> Yes, vaginal smear
- <sub>3</sub> Yes, Pap smear

Initiate Form 92 - Pap Smear

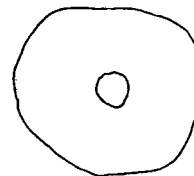
Follow-up

13. Was a referral made for follow-up care?

- <sub>0</sub> No
- <sub>1</sub> Yes

13.1. Referred by: <input style="width: 50px;" type="text"/>
13.2. Date of referral: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> (M/D/Y)
13.3. Referred to:
MD/Clinic: _____
Address: _____
Phone: _____
13.4. Pelvic follow-up results:
<input type="checkbox"/> <sub>0</sub> Normal
<input type="checkbox"/> <sub>1</sub> Benign changes
<input type="checkbox"/> <sub>2</sub> Possibly malignant

Cervix/vagina:



Ovaries/uterus:

