PUBLIC HEALTH DIVISION ScreenWise Program

## ScreenWise Program Screening Results Form



Enrolling agency:	Site name:	
MRN:	Date of enrollment:	
Patient Full Name:	Date of Birth:	
Breast Screening Services		
Initial Mammogram		
Date of mammogram:	<ul><li>□ Screening mammography</li><li>□ Diagnostic mammography</li></ul>	
Results		
<ul> <li>□ (BIRADS 1) Negative</li> <li>□ (BIRADS 2) Benign finding</li> <li>□ Result pending (resubmit data when compete)</li> <li>□ No result available – patient lost to follow-up</li> </ul>	Final Outcome Form needed for any of shaded results or recommendations:  (BIRADS 3) Probably benign (BIRADS 4) Suspicious abnormality (BIRADS 5) Highly suggestive of malignancy (BIRADS 0) Need evaluation or film comparison Unsatisfactory- additional mammography or diagnostics required	
Breast Screening Follow-Up Recommendations		
<ul><li>Follow routine screening</li><li>Diagnostic work-up not needed (despite abnormal result)</li></ul>	<ul> <li>□ Diagnostic work-up to be determined</li> <li>□ Diagnostic work-up needed (abnormal result)</li> </ul>	
Cervical Screening Services		
HPV Test		
Date of HPV (if different):	□ Co-Testing □ Reflex □ Unknown	
Results		
□ Negative □ Not done	Final Outcome Form needed for any of shaded results or recommendations:  □ Positive with positive genotyping (16 or 18)  □ Positive with negative genotyping (No 16 or 18)  □ Positive with no genotyping done	
Pap Test		
Pap Test Date:	<ul><li>□ Routine</li><li>□ Surveillance</li></ul>	
Results *continue onto 2 <sup>nd</sup> page*		

<ul> <li>□ Negative for intraepithelial lesion or malignancy</li> <li>□ Infection, inflammation, or reactive changes</li> <li>□ Result pending (resubmit data when compete)</li> <li>□ Unsatisfactory Pap, repeat Pap needed</li> </ul>	Final Outcome Form needed for any of shaded results or recommendations:  ASC-US  LSIL (including HPV changes)  ASC-H High Grade SIL (HSIL) Squamous Cell Carcinoma Adenocarcinoma in situ (AIS) Atypical Glandular Cells Adenocarcinoma
Cervical Screening Follow-Up Recommendations	
<ul><li>Follow routine screening</li><li>Diagnostic work-up not needed (despite abnormal result)</li></ul>	<ul> <li>□ Diagnostic work-up to be determined</li> <li>□ Diagnostic work-up needed (abnormal result)</li> </ul>