

ASCCP COLPOSCOPY EVALUATION FORM

Date _____ Pt Age ____ Pt Log ID# _____ Reason for Colpo_____

G ____ P ____ AB ____ LNMP ____ Pregnant Y/N Current Meds _____ Current gyn problems _____

Menopause Y/N Abnl Bleeding Y/N Current Contraceptives _____

History of STDs: _____ History of LGT Cancer _____

HIV Status: Decline Positive Negative Current Genital Warts Y/N DES Exposure Y/N

Last Pap smear Date _____ Results _____

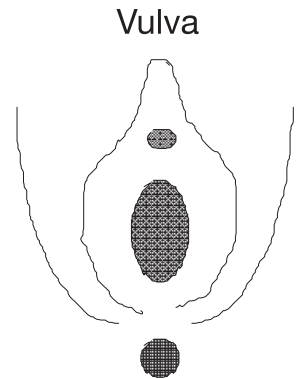
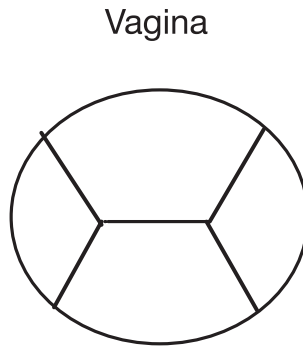
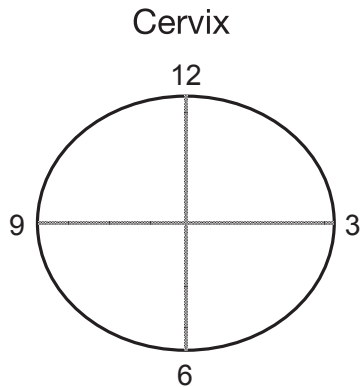
Previous abnl Pap Date _____ Results _____

Previous abnl Pap Date _____ Results _____

Previous colposcopy Date _____ Results (e.g., histology) _____

Previous treatment Date _____ Type _____

Please diagram cervix to include the t-zone and lesion(s). Diagram vagina and vulva as appropriate. Identify biopsy sites with an **x**.



EXAM: Satisfactory colposcopy Y/N Endocervical sample technique: Not done Brush Curettage

COLPOSCOPIC IMPRESSION (select worst):

- Normal
- Low-grade (e.g., CIN1, VaIN 1, Condyloma)
- High-grade (e.g., CIN2,3, VaIN 2,3, high-grade VIN (not VIN 1))
- Cancer

Biopsy location(s) _____ Biopsy Results _____

Plan of Management _____

Comments:

Mentee's self-evaluation of encounter and colposcopy procedure:

Mentor comments/recommendations:

Mentee Signature _____

Date _____

Mentor Signature _____

Date _____