

# Procedure Recording Form

## Colposcopy

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

AGE: \_\_\_\_\_

**Circle the Correct Response:**

|                           |     |    |                                  |     |    |
|---------------------------|-----|----|----------------------------------|-----|----|
| Smoker?                   | Yes | No | History of cervical cryosurgery? | Yes | No |
| History of genital warts? | Yes | No | History of LEEP / Laser surgery? | Yes | No |
| History of AIDS?          | Yes | No | History of immunodeficiency?     | Yes | No |

Prior treatment of the cervix (include year): \_\_\_\_\_

Date of most recent Pap smear: \_\_\_\_\_

Result: \_\_\_\_\_

Indications for colposcopy: \_\_\_\_\_

External Genitalia

FR - Friability  
 ER - Erosion  
 LK - Leukoplakia  
 MA - Mild Acetowhite  
 DA - Dense Acetowhite  
 PN - Punctuation  
 MO - Mosaic  
 FN - Fine  
 CO - Coarse  
 AV - Atypical Vessels  
 X - Biopsy Sites  
 W - Wart  
 SCJ - SquamoCol. Jct  
 OS - Cervical Os

Cervical Examination

Cytology:    Yes    No                    ECC:    Yes    No

Ext. Biopsy, site: \_\_\_\_\_

Cervical Biopsy sites: \_\_\_\_\_

**Impression:**

- \_\_\_\_\_ Abnormal colposcopic appearance
- \_\_\_\_\_ Adequate colposcopy
- \_\_\_\_\_ Abnormal cervical growths
- \_\_\_\_\_ Abnormal external lesions

**Plan:**

- \_\_\_\_\_ Patient and partner discouraged from smoking
- \_\_\_\_\_ Follow-up in 1 month; further therapy pending the biopsy results
- \_\_\_\_\_ Patient counseled in importance of follow-up, repeat Pap smears
- \_\_\_\_\_ Patient aware of need for surgical intervention if HSIL on biopsy
- \_\_\_\_\_ Patient aware of monitoring option for LSIL
- \_\_\_\_\_ Postprocedure instruction sheet given.

Physician: \_\_\_\_\_

CC: \_\_\_\_\_