

Pre-Chart Review Form:

Please use the correct form based on the target population you selected previously, either young women (between 21 and 26 years old) or on middle-aged women (between 50 to 65 years).

Women age 21–26 years old ONLY

Age: _____

Race: White Black/African American American Indian/Alaska Native
 Asian Hawaiian Native/Pacific Islander Hispanic/Latino Multicultural

Dates of the patient's last two pap tests? ___/_____/___/_____
 Date 1 Unknown/Not Performed Date 2 Unknown/Not Performed
 N/A due to age < 24

Has patient had a pap showing dysplasia? Yes No

Was pap interval discussed with patient/documentated in the past 3 years? Yes No

How many dose of HPV vaccine has the patient received?
 Unknown 0 1 2 3 Refused

If you answered one or two doses above, has the patient had an HPV vaccine in the last 6 months?

Yes No

Has the patient had a screening HPV test? Yes No

Women age 50–65 years old ONLY

Age: _____

Race: White Black/African American American Indian/Alaska Native
 Asian Hawaiian Native/Pacific Islander Hispanic/Latino Multicultural

Date of the patient's last two pap tests? ___/_____/___/_____
 Date 1 Unknown Date 2 Unknown
 N/A (hysterectomy due to benign cause) N/A (hysterectomy due to benign cause)

Has patient had a pap showing dysplasia? Yes No

Was pap interval discussed with patient/documentated in the past 3 years? Yes No

When were that patient's last two mammograms? ___/_____/___/_____
 Date 1 Unknown Date 2 Unknown

Is the patient at increased risk of breast cancer due to personal or family history? Yes No

Mammography interval discussed with patient/documentated in the past 3 years? Yes No