

**CHECKLIST- BREAST AND CERVICAL CANCER SCREENING
TO BE FILLED WITH EVERY WELL-WOMAN CHECK-UP AT CCHC**

CHART NO. _____
PRACTITIONER: _____
DATE OF VISIT: _____

Mother tongue :
_ English
_ French
_ Other (which): _____

Interpretation

Used interpreter? Yes ___ No ___ If yes, what language? _____

Pap smear

Performed Pap smear Yes ___ No ___
If not, due to: Hysterectomy ___ Patient declined Pap smear ___ Other: _____
Date of last Pap smear: _____ Date not indicated _____

Breast Examination

Performed clinical breast examination(CBS)?
Yes ___ No ___

Mammography

Referred for diagnostic mammography? Yes ___ No ___

Screening mammography only

If over 50: **(tick all that apply)**

- Provided information (pamphlet) about mammography
- Discussed screening mammography
- Suggested screening mammography
- Discussed self-referral at OBSP (Ontario Breast Screening Program)
- Provided forms to contact OBSP
- Referred for screening mammography elsewhere
- Screening mammography results on file - Date of test: _____
- Follow-up suggested to encourage woman to go for a mammography
- Reviewed screening in place, patient in screening program already

If under 50: **(tick all that apply)**

- Provided information (pamphlet) about mammography
- Discussed screening mammography
- Suggested screening mammography
- Discussed self-referral at OBSP (Ontario Breast Screening Program)
- Provided forms to contact OBSP
- Referred for screening mammography elsewhere
- Screening mammography results on file - Date of test: _____
- Follow-up suggested to encourage woman to go for a mammography
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Any comments: