

Colpo Examination

Appointment	Walk-in
Arrival Time	
ALLERGIES (Up to 4):	
«a1»	
«a2»	
«a3»	
«a4»	

Chief Complaint: _____ LMP: _____

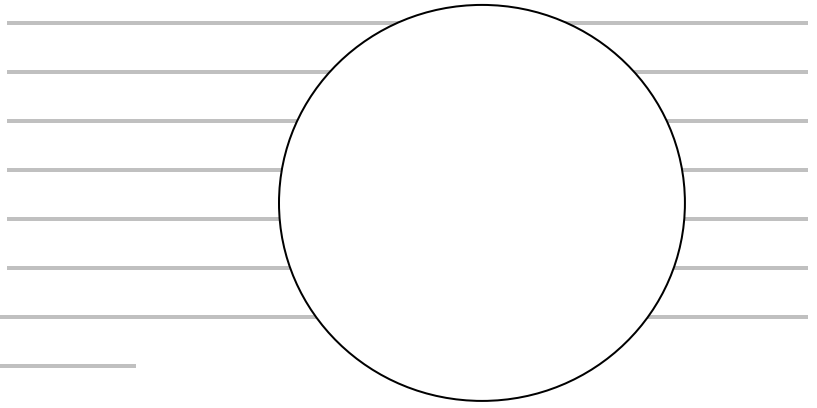
Affil / Discipline			Initials		
GYN Health Maintenance					
«x15»					
«x16»					
«x17»					
«x20»					

Grav	Para(Ft Pt Ab Lc)	Pregnant? Y / N	Contraceptives?				
Hx of HPV? Y / N	Hx of STD? Y / N	Tobacco? Y / N	Tubal	IUD	OCP	Barrier	Depo
EGA _____ Wks			NONE				

PAP, Colposcopy, and Treatment History

___ Copied
___ Entered

	Y	N
Pap Smear Taken		
Transformation Zone Seen		
Extent of Lesion Seen		
Satisfactory		
Biopsy		
ECC		
EmBx(if warranted)		



Colposcopic Examination: _____

Plan: _____

Follow Up Visit: _____

Path: _____

No E&M Code

Modifier

A I R	Active Problems and Recent POVs	A I	Common Dx	A I	Common Dx	A I	Common Dx
	«p1c» «p1»	795.0	Abnormal PAP				
	«p2c» «p2»	V76.2	PAP Smear	078.10	Condyloma Accumiatum		
	«p3c» «p3»	622.1	Cervical Dysplasia	V74.5	STD Screening(GC,Syphilis)		
	«p4c» «p4»	616.0	Cervicitis/Inflammatory PAP	V73.88	STD Screening-Chlamydia		
	«p5c» «p5»	622.0	Cervix-Ectropion				
	«p6c» «p6»	622.9	Cervical Lesion-NOS				
	«p7c» «p7»	622.7	Cervical Polyp				
		233.1	CIS				

A I	D	Provider Narrative

Prescriptions	Plans
	Revisit
	Referral
	Instructions / Education
	Interpreter Y N Response G F P N Handout N Y

«patient» #«chart» «agesex» DOB: «dob»

SSN: «ssn» Tribe: «tribe» IHS Eligibility: «elig»

«timestamp»Community: «community» VCN: «uid»

Provider Signature: _____

