

Case Number : _____

COLPOSCOPY AUDIT FORM

Hospital Code: _____

Clinic Code: _____

Name: _____

Date of birth: ___D___ / ___M___ / 19___

ID: _____

General Information

Marital Status: [Single] [Married] [Divorced] [Widow] Menopause: [Y] [N] [perimenopause] Smoking: [N] [Y] [ex-smoker]

Gravidity: ___

Parity: ___

No. of Sexual Partners: [1] [>1]

Hist. of Sexually Transmitted Disease: [Y] [N]

Contraception: [nil] [condom] [OC pills] [combined] [progestogen] [others] [IUCD] [tubal occlusion]
injectables injectables

GYN symptoms on referral: [nil] [post-coital bleeding] [irregular menses] [abnormal vaginal discharge] [postmenopausal bleeding] [others]

HPV Status: [negative] [low risk] [high risk] [unknown risk] [not done]

Result

Last Abnormal Smear¹: ___ Date: ___D___ / ___M___ / 200___

2nd Last Abnormal Smear¹: ___ Date: ___D___ / ___M___ / 200___

Worst Cytological Dx leading to Colposcopy²: ___

Pregnant: [Y] [N]

Referral Information

Referral Specialty³: ___

Referral Date: ___D___ / ___M___ / 200___

Appt. Request Date: ___D___ / ___M___ / 200___

First Appt. Date: ___D___ / ___M___ / 200___

Assessment

Colposcopy Assessment: [satisfactory] [SCJ not seen] [unsatisfactory because of other reason] [not done] **Date:** ___D___ / ___M___ / 200___

Colposcopy Dx⁴: ___

Biopsy Result⁵: ___

Done by: _____

Supervised by: _____

Treatment

Mode: [LEEP] [Laser vaporization] [Cryotherapy] [Cold knife cone] [TAH +/- BSO] [Treatment for cancer] [Others] [No treatment] [Unknown]

Date: ___D___ / ___M___ / 200___

Anaesthesia: [LA] [GA] [SA] [NA]

Indication: [HG CIN] [Persistent LG lesion] [Recurrent CIN] [Persistent HG disease] [Cervical erosion] [None] [Others]

Complication : [Nil] [Treatment abandoned] [Severe pain during treatment] [Difficulty in controlling bleeding] [Admission to hospital] [Secondary haemorrhage] [PID] [Significant distortion of cervix] [Others]
(select up to 3)

Histology⁵: ___

Worst Histology⁵: ___

Additional Treatment: [Y] [N]

Done by: _____

Supervised by: _____

* Items in **Bold** are compulsory and codes for items marked with superscription can be found on the back

Abnormal Smear	Code 1
None	A
Normal	B
Inflammation	C
ASC-US	D
LSIL	E
ASC-H	F
AGC-NOS	G
AGC-Neoplastic	H
HSIL	I
AIS	J
SCC	K
Adenocarcinoma	L
Unsatisfactory	M
Others	N

Worst Cytological Dx Leading to Colposcopy	Code 2
None	00
Normal	01
Inflammation	02
ASC-US for once	03
ASC-US for once and HR HPV	04
ASC-US for twice	05
LSIL	06
ASC-H	07
AGC-NOS	08
AGC-Neoplastic	09
HSIL	10
AIS	11
SCC	12
Adenocarcinoma	13
Others	14

Referral Specialty	Code 3
FPA	01
Dept of Health	02
HA Hospital	03
Private doctor	04
Community Centre	05
Own Dept (excluding Colposcopy Clinic)	06
Others	07
Own Colposcopy Clinic	08

	Colposcopy Dx Code 4	Biopsy result, Histology, Worst histology Code 5
Cx - Normal	A1	A1
Cx - Cervicitis	A2	A2
Cx - HPV	A3	A3
Cx - Warts	A4	A4
Cx - LG - CIN 1	A5	A5
Cx - HG - CIN 2 and 3	A6	A6
Cx - Microinvasive	A7	A7
Cx - Invasive	A8	A8
Cx - Others	A9	A9
Vul - Normal	B1	B1
Vul - HPV	B2	B2
Vul - Warts	B3	B3
Vul - VIN	- LG	B4
	- HG	B5
Vul - Cancer	B6	B6
Vul - Others	B7	B7
Vag - Normal	C1	C1
Vag - HPV	C2	C2
Vag - Warts	C3	C3
Vag - VAIN	- LG	C4
	- HG	C5
Vag - Cancer	C6	C6
Vag - Others	C7	C7
Unsatisfactory	D1	D1
Others	D2	D2
Not done/no histology	D3	D3