

RESOURCE FROM:

Cervical cancer screening and treatment in low-resource settings:
PRACTICAL EXPERIENCE FROM PATH

PUBLICATION TITLE

Visual Inspection with Acetic Acid Screening Client Assessment Form

PUBLISHER

PATH

PUBLICATION DATE

2010

This document is available online at:
www.rho.org/HPV-screening-treatment.htm

**Cancer Cervix Screening & Treatment of Pre-Cancer
Vadodara District Cancer Control Program, Gujarat**

VIA Screening Client assessment Form

Name of the PHC (Please circle): Sadhli –SA, Simli – SI, Shinor –SH, Others-EX

Date |__|_|_|_|_|

ID No: |__|_|_|_|_|_|_|_|_|

Confirm Verbal Consent

The woman has been informed about the procedure of VIA and provided with printed materials for reference and has given her verbal consent for the procedure

I. General information:

Name of woman: _____

Temporary Address: _____

Permanent Address: _____

Telephone number: _____

II. Reproductive History

(i) Age _____ (ii) Age at Marriage: _____ (iii) No. of children _____

(iv) Pregnant: YES / NO

(if pregnant ask the woman to come back after delivery)

III. Menstrual Bleeding Pattern

LMP _____

- a) Regular (21–35 day interval)
- b) Irregular
- c) Post coital spotting or bleeding
- d) Menopause

IV. Use of Contraception: YES / NO

if yes, what is being used: _____

V. Past Cervical Cancer Screening (please circle): YES / NO

If YES, when was it done (date):.....

VI. Findings & Management

VIA result (Please Circle)	Action	Date
Negative	Advise next visit after 5 years	
Positive	Refer to _____ for diagnosis and treatment of pre cancer.	
Suspicious for cancer		
Others (Specify)		

Name and signature of service provider: _____

Name of the Screening Centre _____

