

## COLPOSCOPY CLIENT RECORD FORM

### A. CLIENTS DETAILS

Name of Client: \_\_\_\_\_ Patient No.: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone: \_\_\_\_\_  
 HIV Status: Negative ☐ Positive ☐ Unknown ☐ Treatment Supporter Contact: \_\_\_\_\_  
 Client on treatment/care? Yes ☐ No ☐ Regimen: \_\_\_\_\_  
 Last Menstrual Period: \_\_\_\_\_ Parity: \_\_\_\_\_  
 Contraceptive use (specify): \_\_\_\_\_ Smoking: Yes ☐ No ☐  
 County: \_\_\_\_\_ Sub County: \_\_\_\_\_  
 Health Facility: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

### B. INDICATION(S) FOR COLPOSCOPY: \_\_\_\_\_

Referring Clinician: \_\_\_\_\_  
 Clinic's Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
 Health Facility: \_\_\_\_\_  
 Date of Referral: \_\_\_\_\_

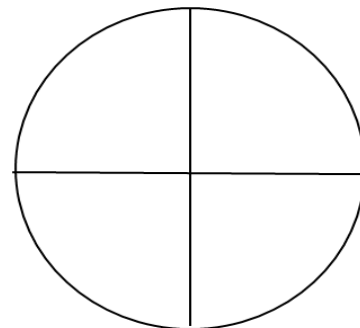
### C. COLPOSCOPIC EXAMINATION AND FINDINGS

Adequate ☐ Inadequate ☐ Squamocolumnar Junction Visible? Yes ☐ No ☐  
 Type of TZ Type I ☐ Type II ☐ Type III ☐

Gross Observations: \_\_\_\_\_  
 \_\_\_\_\_

### D. COLPOSCOPIC FINDINGS TICK

- ☐ Flat Acetowhite epithelium
- ☐ Micropapillary or micro convoluted acetowhite epithelium
- ☐ Leukoplakia
- ☐ Punctation
- ☐ Mosaic
- ☐ Atypical Vessels
- ☐ Macroscopic Lesions (Polyps, Malignant tumor)



### SWEDE SCORE CLASSIFICATION

	0	1	2	Score
<b>Aceto uptake</b>	Zero or transparent	Shady, Milky (not transparent; not opaque)	Distinct, opaque white	
<b>Margins and Surface</b>	Diffuse	Sharp but irregular, jagged, 'geographical' satellites	Sharp and even, difference in surface level, including 'cuffing'	
<b>Vessels</b>	Fine, regular	Absent	Coarse or atypical	
<b>Lesion size</b>	<5mm	5-15mm or 2 quadrants	>15mm or 3-4 quadrants/ endocervically undefined	
<b>Iodine staining</b>	Brown	Faintly or patchy yellow	Distinct yellow	
<b>Total score (maximum 10)</b>				

Miscellaneous findings: \_\_\_\_\_  
\_\_\_\_\_

**E. COLPOSCOPIC DIAGNOSIS**

- ☐ Inadequate (specify): \_\_\_\_\_  
\_\_\_\_\_
- ☐ Normal colposcopic findings
- ☐ Low grade lesion
- ☐ High Grade lesion
- ☐ Invasive Cancer (specify location of referral): \_\_\_\_\_
- ☐ Other (specify): \_\_\_\_\_

**F. PROCEDURES PERFORMED**

- ☐ Number of biopsies taken: \_\_\_\_\_ (on the drawing, mark "B" on the site(s) of biopsy).
- ☐ LEEP
- ☐ Thermal Ablation
- ☐ Cryosurgery
- ☐ Others (specify): \_\_\_\_\_

**G. PLAN**

- ☐ Referred
- ☐ Follow up date: \_\_\_\_\_

Colposcopist's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERPRETATION OF THE SWEDE SCORE**

Overall Swede Score	Colposcopic prediction of probable histology
0 - 4	Low Grade/Normal CIN 1
5 - 6	High grade/non-invasive cancer CIN 2+
7-10	High grade/suspected invasive cancer CIN 2+