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

<table>
<thead>
<tr>
<th>VIA result (Please Circle)</th>
<th>Action</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>Advise next visit after 5 years</td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspicious for cancer</td>
<td>Refer to ______________________ for diagnosis and treatment of pre cancer.</td>
<td></td>
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<tr>
<td>Others (Specify)</td>
<td></td>
<td></td>
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</tbody>
</table>

Name and signature of service provider: _______________________________________

Name of the Screening Centre ________________________________________________