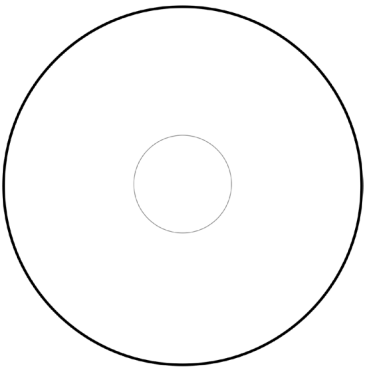
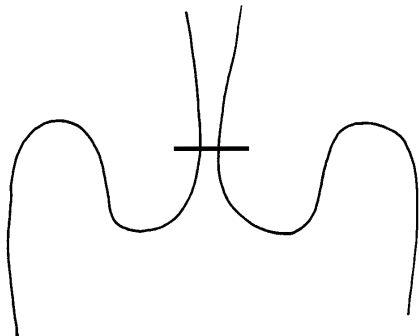


# Standard form for documenting the examination findings

<b>Colposcopy</b>	<b>Any visit</b>	<b>Date</b> ___/___/___
Patient number:	_____	Screen test result:
Patient last name:	_____	_____
Patient initials:	_____	Symptoms:
Patient date of birth:	___/___/_____	_____
Patient address:	_____ _____ _____	

Colposcopic examination	
TZ classification: (1. Type 1; 2. Type 2; 3. Type 3)	
TZ size: (1. Large; 2. Small)	
Colposcopic opinion: (0. No cervix; 1. Normal; 2. HPV / Inflamm / Benign; 3. CIN/Low grade; 4. CIN/High grade; 5. Invasion; 6. Other; 7. Not performed)	
Swede score	
	

Management plan
_____ _____ _____
Follow-up appointment ___/___/___      Signature .....