



# Colposcopy Documentation Form



COLPOSCOPIC EXAMINATION

Colposcopy Reg. No. :

Name :

W/O :

Address :

Parity :

Reason for attending Gyne OPD :

Any Medical Problems:

OPD No. :

Age :

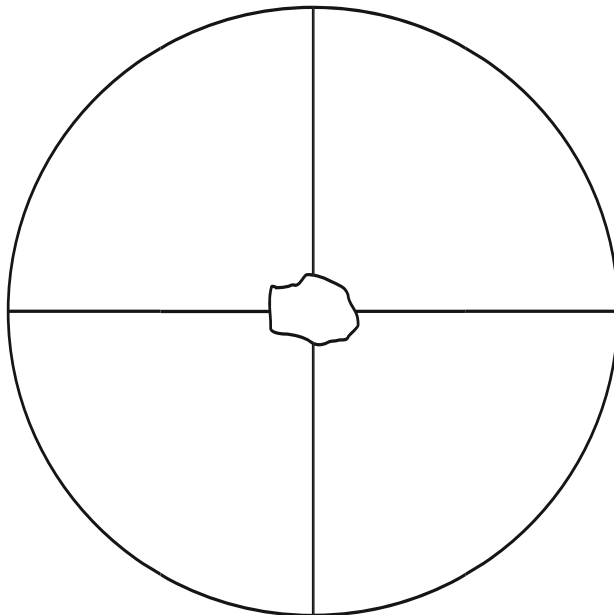
Tel. No. :

Indication for Colposcopy : VIA + / PAP+ / HPV-DNA + / Unhealthy Cervix

Date of performing Colposcopy :

Colposcopic Examination : adequate/ inadequate Transformation Zone : I/ II/ III Acetowhite Lesion : + / -

Colposcopy Diagram(Mark the A/W areas and TZ on the diagram) :



### Swede Score

	0	1	2
Aceto uptake	Zero or transparent	Shady, milky Neither transparent nor opaque	Distinct, opaque white
Margins and surface	Diffuse	Sharp but irregular, jagged, geographical satellites	Sharp and even, difference in surface level including cutting
Vessels	Fine, regular	Absent	Coarse or atypical vessels
Lesion size	< 5 mm	5-15 mm or two quadrants	3-4 quadrants or > 15 mm or endocervically
Iodine stain	Brown	Faintly or patchy yellow	Distinct yellow

Colposcopic Diagnosis :

Plan :

Date of Cervical Biopsy/ LLETZ :

Histopathology Report :

Follow – up :

Signature Colposcopist

### Consent for Colposcopic Examination & Biopsy

I am willing to undergo Colposcopy and biopsy. The procedure and risks have been explained to me.

Patient

Witness

Doctor