Consolidated Pathology Consultants

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Phone: (847) 996-1030
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Patient Data

Name (Last, First)

Patient I.D. or SSN | Office MR #

Date of Birth (Month, Day, Year) ☐ Male ☐ Female | Date Collected | Time Collected : ☐ A.M. ☐ P.M.

Physician Signature (Required for Medicaid) | Physician Medicaid # | NPI #

Additional Reports to:

Billing Information:

☐ Account ☐ Medicare ☐ Insurance ☐ Patient

MEDICARE PATIENTS: *Please complete the Advanced Beneficiary Notice (ABN) and attach to the requisition when submitting a specimen.*

Billing Information *(Continued)*

Responsible Party (Last, First) Relationship to Subscriber ☐ Self ☐ Child ☐ Spouse ☐ Other

Address | Apt. No.

City | State | Zip

Patient Phone No. ( )

Medicare I.D. Number | Medicare I.D. Number (Incl. Suffix)

Primary Insurance Name and Plan | HMO Y ☐ N ☐

Policy I.D. Number | Group No.

Street | City | State | Zip

ICD Diagnosis Codes (Enter All That Apply) ▶ ① ② ③ ④

TISSUE BIOPSIES AND NON-GYN CTYOLOGY

Site 1:

Site 2:

Site 3:

Site 4:

Clinical Impression/History:

Fine needle aspirations:

# of slides: ____ Air dried ____Fixed

Fluid for cell block Y / N ____

____Flow Cytometry

GYN CTYOLOGY - Check all that apply:

____ Hx of abnormal PAP/BX within 3 years
____ Abnormal bleeding
____ GYN malignancy; Hx/Rx
____ Postcoital bleeding
____ DES exposure
____ Family history of cervical cancer
____ ASCUS/AGUS PAP/BX within 2 years
____ Hx of LSIL or Higher PAP/Bx

____ High risk HPV Hx/Bx
____ Immunocompromised patient
____ Postmenopausal bleeding
____ 5 or more full-term pregnancies
____ Previous abnormal
____ Abnormal GYN exam - current
____ Vaccinated for HPV
____ Oral contraceptives

____ Cigarette smoker
____ Hormone therapy
____ Hysterectomy ____Total ____ Cervix intact
____ IUD
____ Pelvic radiation
____ Other:

Source:
____ Vagina, Cervix, Endocervix
____ Cervix, Endocervix
____ Cervix
____ Vagina
____ Other:

Specimen Type:
____ Imaged Guided Thin Prep
HPV ___ Automatic ___ Reflex
___ None
____ GC / Chlamydia DNA Probe

Required Information:
Date LMP: _______ / _______ / _________
____ Menopause
____ Perimenopause
____ Postmenopause
____ Postpartum