HUS

Joint Authority of the Helsinki and Uusimaa Hospital District
HUS Diagnostiikkakeskus
HUSLAB

Medical history form for cervical cancer screening

Last name and first names		**Year of invitation**	**Inviting municipality**	**Sample number**
Personal identity code	**Language of correspondence** ☐ Finnish ☐ Swedish ☐ Other _____	**Reason for invitation** ☐ Age group Risk group: ☐ Cytology ☐ Reminder ☐ hrHPV		**Randomisation group**
Address		**Sampling date** ___ / ___ 20 ___	**Sample taker number**	**Laboratory**

Medical history

First day of last menstrual period ___ / ___ 20 ___

Menstruation have stopped permanently (menopause)
☐ No
☐ Yes

Hormone replacement therapy
☐ No
☐ Yes

Present birth control method
☐ No birth control method
☐ Birth control pill
☐ IUD
☐ Hormonal IUD
☐ Other hormonal birth control

Pregnant
☐ No
☐ Yes

Less than six months after giving birth or breastfeeding
☐ No
☐ Yes

Symptoms
☐ No symptoms
☐ Abnormal / bloody vaginal discharge
☐ Bleeding during / after intercourse
☐ Irregular bleeding between periods
☐ Bleeding though periods have stopped at least a year ago

Hysterectomy
☐ No
☐ Yes

If yes, was the hysterectomy
☐ Partial
☐ Total

Have you had cervical cell samples taken previously
☐ No
☐ Yes

If yes, have you had samples taken withing the past two years
☐ No
☐ Yes

If yes, what was the result of the last cervical cell sample
☐ Normal
☐ Abnormal
☐ Do not know

Have you been treated due to cervical cell changes
☐ No
☐ Yes

If yes, when was the last time
In year _____