



Cayuga
Medical Center
at Ithaca

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05/01/1956 60 F
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INPATIENT ADMISSION WORKUP

- Uterine Cytology
- Manual Breast Exam
- Sickle-Cell Screening

Uterine Cytology Smear - Required by the NYS Hospital Code for all women 21 years of age and over admitted to the hospital, unless medically contraindicated or has been performed within 3 years prior to admission.

Manual Breast Examination - Required for all women as above unless medically contraindicated.

Sickle-Cell Screening - Required if at all possible on all indicated patients.

FEMALE

(check one)

Cervical Smear:

- Cervical smear done within 3 years of this admission.
- Cervical smear medically contraindicated or not indicated.
- Patient refused smear.
- Smear done on _____.

(check one)

Breast Exam:

- Manual breast exam not indicated.
- Patient refused examination.
- Examination done on _____.

(check one)

Sickle-Cell Screening:

- Sickle-cell screening not indicated.
- Patient refused screening.
- Screening done on _____.

MALE

(check one)

Sickle-Cell Screen:

- Sickle-cell screening not indicated.
- Patient refused screening.
- Screening done on _____.

Physician Signature

[Handwritten Signature]

Date / Time:

12/25/16 5PM

