



Recipient ID# **9 A** Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ mm/dd/yyyy

Recipient Name: Last First Middle

Provider ID# \_\_\_\_\_

**I Clinical Breast Exam**

1. **CURRENT Breast Symptoms?**  
 Yes  Unknown  No

2a. **Current CBE Results**  \*Abnormality suspicious for cancer  \*Immediate work-up needed (Item 8)  
 Normal  Not needed  
 Benign findings  Needed but not performed at this visit (includes refused)

2b. **Date of CURRENT CBE** \_\_\_\_/\_\_\_\_/\_\_\_\_ mm/dd/yyyy

3.  **Current results obtained from a non-CDP provider**

**II Mammogram**

4a. **PREVIOUS Mammogram?**  
 Yes - Date known  Unknown - Woman doesn't know  Unknown - Woman refused to answer  
 Yes - Date unknown  Unknown - Woman wasn't asked / not recorded  No

4b. **Date of PREVIOUS Mammogram** \_\_\_\_/\_\_\_\_/\_\_\_\_ mm/yyyy

5. **Reason for CURRENT Mammogram** See Instruction Sheet  
 Routine screening mammogram  
 Initial mammogram for symptoms, abnormal CBE, or previous abnormal mammogram  
 No initial mammogram - CBE only or sent to other imaging or diagnostics (Includes refused mammogram)  
 Initial mammogram not paid by CDP - Client referred for diagnostics only (Report mammogram result in Item 7)

Complete diagnostic referral date (Item 6)

6. **Breast Diagnostic Referral Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ mm/dd/yyyy See Instruction Sheet

7a. **CURRENT Mammogram Result**  
 Negative (BI-RADS 1)  \*Highly Suggestive of Malignancy (BI-RADS 5)  
 Benign Finding (BI-RADS 2)  \*Assessment is incomplete (BI-RADS 0) - Needs more imaging  
 Probably Benign (BI-RADS 3)  \*Assessment is incomplete (BI-RADS 0) - Needs film comparison  
 \*Suspicious Abnormality (BI-RADS 4)  Unsatisfactory

\*Immediate work-up needed (Item 8)  
√Short term follow-up recommended (Item 8)

7b. **Date of CURRENT Mammogram** \_\_\_\_/\_\_\_\_/\_\_\_\_ mm/dd/yyyy

**III Additional Procedures Needed to Complete Breast Cycle?**

8.  Not needed or planned - **Routine rescreen** (Resume annual screenings)  
 Not needed or planned - **Short term follow-up** (Next appointment planned in less than 12 months)  
 \*Needed or planned - **Immediate work-up** (Immediate diagnostic work-up is planned)

**IV Breast Imaging Procedures** • All dates below must be ON or AFTER the Date of CURRENT CBE / Mammogram •

9a. **Type of Procedure**  
 Additional Mammographic Views  
 Ultrasound  
 Film Comparison to Evaluate an Assessment Incomplete

9b. **Date of Procedure**  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ mm dd yyyy

10a. **Final Imaging Outcome**  
 Negative (BI-RADS 1)  Probably Benign (BI-RADS 3)  Highly Suggestive of Malignancy (BI-RADS 5)  
 Benign Finding (BI-RADS 2)  Suspicious Abnormality (BI-RADS 4)  Unsatisfactory - Radiologist could not read; no final outcome

10b. **Date of Final Imaging Outcome** \_\_\_\_/\_\_\_\_/\_\_\_\_ mm/dd/yyyy

**V Breast Diagnostic Procedures**

11a. **Type of Procedure**  
 Repeat Breast Exam  
 Surgical Consultation  
 Biopsy / Lumpectomy  
 Fine Needle / Cyst Aspiration

11b. **Date of Procedure**  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ mm dd yyyy

12a. **Other Breast Procedure Performed** (♦ Not Covered by CDP:EWC)  
 ♦MRI  Other medical consults  
 ♦Skin biopsy  Other - Please specify \_\_\_\_\_

See Instruction Sheet

12b. **Date of Procedure** \_\_\_\_/\_\_\_\_/\_\_\_\_ mm dd/yyyy

**VI Breast Work-up Status and Final Diagnosis Information**

13a. **Work-up Status** See Instruction Sheet  
 Work-up complete  Work-up refused (Patient refused, obtained insurance, moved, or changed PCP)  
 Lost to follow-up (Two phone calls and certified letter sent)  Died before work-up complete

13b. **Date of Work-up Status** \_\_\_\_/\_\_\_\_/\_\_\_\_ mm/dd/yyyy

14a. **Final Diagnosis**  
 No Breast Cancer / Benign—resume annual screening  ▶ Ductal Carcinoma In Situ (DCIS)  
 No Breast Cancer / Benign—short-term follow-up  ▶ Invasive Breast Cancer  
 Lobular Carcinoma In Situ (LCIS)

▶ Treatment Status required if final diagnosis is DCIS or Invasive Breast Cancer (Item 15)

14b. **Date of Final Diagnosis** \_\_\_\_/\_\_\_\_/\_\_\_\_ mm/dd/yyyy

**VII Breast Cancer Treatment Information**

15a. **Treatment Status**  
 Treatment refused  Treatment started  
 Treatment not needed  Lost to follow-up (Two phone calls and certified letter sent)  
 Died before treatment started

15b. **Date of Treatment Status** \_\_\_\_/\_\_\_\_/\_\_\_\_ mm/dd/yyyy

16.  **Patient enrolled in BCCTP. Check this box ONLY if you have completed the BCCTP enrollment process.**

Clinician's Signature (optional) \_\_\_\_\_ Date \_\_\_\_\_