

Legend: Y=Yes P = Partial O = No NA =Not Applicable	BCCCP CLINICAL RECORD REVIEW									
Records (# - last 4 digits)										
Date of Service										
Eligibility/Ledger										
Assessment of Insurance Status										
Consent										
HIPAA Notice of Privacy Practices										
Smoker referred to QuitlineNC										
Risk Assessment										
Assess CRC screen, refer if needed										
BREAST CANCER SCREENING										
Breast and Mammogram History										
CBE										
SCR Mammogram if ≥50 years old										
Mammogram Report										
Patient Notification										
Refusal Documented										
Abnormal CBE follow up										
Refer to physician Referral Results										
Diagnostic Mammogram/Ultrasound										
FNA/Biopsy										
Refusal or Non-response Documented										
Abnormal mammogram follow up										
Patient Notification										
Refer to physician Referral Results										
Dx Mammogram/Ultrasound Report										
Biopsy										
Refusal or Non-response Documented										
CERVICAL CANCER SCREENING										
Pap History										
Pap Test Pap Results										
Pelvic Exam										
Patient Notification										
Refusal Documented										
Abnormal Pap follow up										
Patient Notification										
Refer to physician Referral Results										
Colposcopy/Biopsy/ECC Results										
Refusal or Non-response Documented										
PATIENT NAVIGATION										
Patient Navigation Documented										
Needs Assessment / Care Plan										
BCCM / PN-Only for BCCM										
Application in Chart										
Income Verified (if applicable)										
Documentation of cancer diagnosis										