

Visit Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM /DD /YYYY)

Referral Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name

(Last)

(First)

(M.I.)

ID NUMBER

Date of Birth

\_\_\_\_/\_\_\_\_/\_\_\_\_

RACE (check all that apply)

- White     Black/African American     Asian     Native Hawaiian or Other Pacific Islander  
 American Indian or Alaska Native     Unknown/Prefer not to Answer

Ethnicity

Are you Hispanic or Latino?  Yes     No     Prefer Not to Answer

BCCCP Client?  Yes     No

Breast Symptoms?  Yes     No

BSE Edu.?  Provided

Provided, Needs Training

Not indicated

Indicated, Not Provided

Breast Cancer History?

- No personal/family history     Patient had breast cancer  
 Mother/daughter/sister had breast cancer     Patient AND mother/daughter/ sister had b.c.  
 Unable to answer     Refused to answer

High Risk for Breast Cancer?

Yes     No

Not assessed/Unknown

**Clinical Breast Exam**

Date of CBE

\_\_\_\_/\_\_\_\_/\_\_\_\_

Results Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

CBE Paid By:  Federal Funds     State Funds

Non-BCCCP

CBE Results:

- Normal  
 Benign Finding  
 \* Discrete Palpable Mass  
 \* Bloody or Serous Nipple Discharge  
 \* Nipple or areola scaliness

- \* Skin Dimpling or Retraction  
 Previous Normal CBE in past 12 months  
 CBE not done today  
 CBE Refused

**\*All screening results with an asterisk (\*) require diagnostic work-up.**

**Mammogram Screening**

Date of Mammogram

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Last Mammogram

\_\_\_\_/\_\_\_\_  
MM    YYYY

Initial Mammogram Type:

- Screening     Diagnostic

Date of Results

\_\_\_\_/\_\_\_\_/\_\_\_\_

If 'Unknown' use 88/8888  
 If 'Never' use 00/0000

Initial Mammogram Paid By:

- Federal Funds  
 State Funds     Non-BCCCP

Purpose of Initial Mammogram Screening:

- Routine Screening     Referred in for Diagnostic Evaluation  
 No mammogram     Diagnostic (short term fol. up)

Mammogram Results:

- Negative (BI-RADS 1)     Not indicated/Needed  
 Benign Findings (BI-RADS 2)     Indicated but not performed  
 Probably Benign; short-term follow up suggested (BI-RADS 3)     Result pending  
 \* Suspicious abnormality, consider biopsy (BI-RADS 4)     \* Recent Non-BCCCP, Abn. Mam (follow-up required)  
 \* Highly suggestive of malignancy (BI-RADS 5)     Recent Non-BCCCP, mammogram (no follow-up required)  
 \* Assessment incomplete; additional imaging required (BI-RADS 0)

**\*All screening results with an asterisk (\*) require diagnostic work-up.**

MRI Screening

MRI Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

MRI Results:

- Negative (BI-RADS 1)     \* Highly suggestive of malignancy (BI-RADS 5)  
 Benign Findings (BI-RADS 2)     \* Known Malignancy  
 Probably Benign; short-term F/U suggested (BI-RADS 3)     \* Assessment incomplete; additional imaging req'd (BI-RADS 0)  
 \* Suspicious abnormality, consider biopsy (BI-RADS 4)     Results Pending  
 Not Done

**\*All screening results with an asterisk (\*) require diagnostic work-up.**

For any Abnormal CBE or Mammogram, is Diagnostic Work-up Planned?  Yes     No

Short Term Follow-Up?  Yes     No

Next Screening Mammogram Due in (MONTHS):

00  02  03  04  05  06  12  24

**ADDITIONAL IMAGING PROCEDURES** (\*All additional imaging results with an asterisk (\*) require diagnostic procedure.)

<b>Date of Additional Mammogram</b> _____/_____/_____ (MM DD YYYY)	<b>Additional Mammogram Paid By:</b> <input type="checkbox"/> Federal Funds <input type="checkbox"/> State Funds <input type="checkbox"/> Non-BCCCP
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<b>Additional Mammogram Outcome:</b> <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> Probably Benign; short-term F/U suggested (BI-RADS 3) <input type="checkbox"/> * Suspicious abnormality, consider biopsy (BI-RADS 4) <input type="checkbox"/> * Highly suggestive of malignancy (BI-RADS 5) <input type="checkbox"/> * Assessment incomplete; additional imaging req'd (Bi-RADS 0)
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<b>Date of Ultrasound</b> _____/_____/_____ (MM DD YYYY)	<b>Ultrasound Paid By:</b> <input type="checkbox"/> Federal Funds <input type="checkbox"/> State Funds <input type="checkbox"/> Non-BCCCP
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<b>Ultrasound Outcome:</b> <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> Probably Benign; short-term F/U suggested (BI-RADS 3) <input type="checkbox"/> * Suspicious abnormality, consider biopsy (BI-RADS 4) <input type="checkbox"/> * Highly suggestive of malignancy (BI-RADS 5) <input type="checkbox"/> * Assessment incomplete; additional imaging req'd (Bi-RADS 0)
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<b>Date of Film Comparison</b> _____/_____/_____ (MM DD YYYY)	<b>Film Comparison Paid By:</b> <input type="checkbox"/> Federal Funds <input type="checkbox"/> State Funds <input type="checkbox"/> Non-BCCCP
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<b>Film Comparison Outcome:</b> <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> Probably Benign; short-term F/U suggested (BI-RADS 3) <input type="checkbox"/> * Suspicious abnormality, consider biopsy (BI-RADS 4) <input type="checkbox"/> * Highly suggestive of malignancy (BI-RADS 5) <input type="checkbox"/> * Assessment incomplete; additional imaging req'd (Bi-RADS 0)
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<b>Date of Final Imaging Outcome</b> _____/_____/_____ (MM DD YYYY)	<b>(Same as Imaging Procedure date)</b>
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<b>Final Imaging Outcome:</b> <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> Probably Benign; short-term F/U suggested (BI-RADS 3) <input type="checkbox"/> * Suspicious abnormality, consider biopsy (BI-RADS 4) <input type="checkbox"/> * Highly suggestive of malignancy (BI-RADS 5) <input type="checkbox"/> * Assessment incomplete; additional imaging req'd (Bi-RADS 0)
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**Breast Diagnostic Procedures**

<b>Date of Repeat CBE</b> _____/_____/_____ (MM DD YYYY)	<b>Repeat CBE Paid By:</b> <input type="checkbox"/> Federal Funds <input type="checkbox"/> State Funds <input type="checkbox"/> Non-BCCCP
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<b>Repeat CBE Results:</b> <input type="checkbox"/> Normal <input type="checkbox"/> * Bloody or Serous Nipple Discharge <input type="checkbox"/> Benign Finding <input type="checkbox"/> * Nipple or areola scaliness <input type="checkbox"/> * Discrete Palpable Mass <input type="checkbox"/> * Skin Dimpling or Retraction
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**\*All results with an asterisk (\*) require Additional Imaging or Biopsy**

<b>Date of Physician Consult</b> _____/_____/_____ (MM DD YYYY)	<b>Physician Consult Paid By:</b> <input type="checkbox"/> Federal Funds <input type="checkbox"/> State Funds <input type="checkbox"/> Non-BCCCP
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<b>Date of Biopsy</b> _____/_____/_____ (MM DD YYYY)	<b>Biopsy Paid By:</b> <input type="checkbox"/> Federal Funds <input type="checkbox"/> State Funds <input type="checkbox"/> Non-BCCCP
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<b>Date of Fine Needle Aspiration</b> _____/_____/_____ (MM DD YYYY)	<b>Fine Needle Aspiration Paid By:</b> <input type="checkbox"/> Federal Funds <input type="checkbox"/> State Funds <input type="checkbox"/> Non-BCCCP
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**Final Diagnostic Disposition**

<b>Diagnostic DX. Date</b> _____/_____/_____	<b>Final Diagnosis:</b> <input type="checkbox"/> Breast ductal carcinoma in-situ (DCIS) <input type="checkbox"/> Breast lobular carcinoma in-situ (LCIS) <input type="checkbox"/> Invasive breast cancer <input type="checkbox"/> Atypical epithelial hyperplasia <input type="checkbox"/> Other cancer	<b>Stage:</b> <input type="checkbox"/> Stage 0 <input type="checkbox"/> Summary Local <input type="checkbox"/> Stage I <input type="checkbox"/> Summary Regional <input type="checkbox"/> Stage II <input type="checkbox"/> Summary Distant <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV <input type="checkbox"/> Stage Unknown <b>Tumor size:</b> <input type="checkbox"/> 0-1cm <input type="checkbox"/> >1-2cm <input type="checkbox"/> >2-5 cm <input type="checkbox"/> > 5cm <input type="checkbox"/> Unknown
<b>Diagnostic Disposition:</b> <input type="checkbox"/> No breast cancer; case closed <input type="checkbox"/> Results pending <input type="checkbox"/> Patient moved <input type="checkbox"/> Refuses follow-up <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Patient died <input type="checkbox"/> Unable to obtain results <input type="checkbox"/> Breast cancer diagnosed; Tx required		

**Breast Treatment Disposition**

<b>Treatment Date</b> _____/_____/_____	<b>Treatment Disposition:</b> <input type="checkbox"/> Treatment Pending <input type="checkbox"/> Patient Moved <input type="checkbox"/> Unable to obtain results <input type="checkbox"/> Treatment not needed <input type="checkbox"/> Patient Died <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treatment Initiated
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<b>Comments</b>	<b>Comments to report special situations as needed (Type code in comment field in EHR):</b> <input type="checkbox"/> CDUSTF (clinician directed ultrasound for short-term follow-up) <input type="checkbox"/> LTF (lost to follow-up)
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**Patient Navigation: Required if PN delivered consistent with CDC policy (refer to BCCCP Training Manual).**

<b>Patient Navigation Needs Assessment Completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Patient Navigation Completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Patient Navigation Paid by Federal Funds:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (or if PN not delivered) <input type="checkbox"/> Unknown
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