Visit Date_____/_____/_____ (MM /DD /YYYY) **Referral Date**_____/_____/_____

Name Click or tap here to enter text. (Last) Click or tap here to enter text. (First) Click or tap here to enter text. (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

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

Initial Mammogram Type: ☐ Screening ☐ Diagnostic

Date of Results _____/_____/_____

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

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

MRI Screening

MRI Date _____/_____/_____

MRI Results:
- ☐ Negative (BI-RADS 1)
- ☐ Benign Findings (BI-RADS 2)
- ☐ Probably Benign; short-term F/U suggested (BI-RADS 3)
- ☐ * Suspicious abnormality, consider biopsy (BI-RADS 4)
- ☐ * Highly suggestive of malignancy (BI-RADS 5)
- ☐ * Known Malignancy
- ☐ * Assessment incomplete; additional imaging req'd (BI-RADS 0)
- ☐ 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.)

Date of Additional Mammogram _____/_____/_____ (MM DD YYYY)

Additional Mammogram Paid By:
☐ Federal Funds ☐ State Funds ☐ Non-BCCCP

Additional Mammogram Outcome: ☐ Negative (BI-RADS 1) ☐ Benign Findings (BI-RADS 2)
☐ Probably Benign; short-term F/U suggested (BI-RADS 3) ☐ * Suspicious abnormality, consider biopsy (BI-RADS 4)
☐ * Highly suggestive of malignancy (BI-RADS 5) ☐ * Assessment incomplete; additional imaging req'd (Bi-RADS 0)

Date of Ultrasound _____/_____/_____ (MM DD YYYY)

Ultrasound Paid By:
☐ Federal Funds ☐ State Funds ☐ Non-BCCCP

Ultrasound Outcome: ☐ Negative (BI-RADS 1) ☐ Benign Findings (BI-RADS 2)
☐ Probably Benign; short-term F/U suggested (BI-RADS 3) ☐ * Suspicious abnormality, consider biopsy (BI-RADS 4)
☐ * Highly suggestive of malignancy (BI-RADS 5) ☐ * Assessment incomplete; additional imaging req'd (Bi-RADS 0)

Date of Film Comparison _____/_____/_____ (MM DD YYYY)

Film Comparison Paid By:
☐ Federal Funds ☐ State Funds ☐ Non-BCCCP

Film Comparison Outcome: ☐ Negative (BI-RADS 1) ☐ Benign Findings (BI-RADS 2)
☐ Probably Benign; short-term F/U suggested (BI-RADS 3) ☐ * Suspicious abnormality, consider biopsy (BI-RADS 4)
☐ * Highly suggestive of malignancy (BI-RADS 5) ☐ * Assessment incomplete; additional imaging req'd (Bi-RADS 0)

Date of Final Imaging Outcome _____/_____/_____ (MM DD YYYY)

(Same as Imaging Procedure date)

Final Imaging Outcome: ☐ Negative (BI-RADS 1) ☐ Benign Findings (BI-RADS 2)
☐ Probably Benign; short-term F/U suggested (BI-RADS 3) ☐ * Suspicious abnormality, consider biopsy (BI-RADS 4)
☐ * Highly suggestive of malignancy (BI-RADS 5) ☐ * Assessment incomplete; additional imaging req'd (Bi-RADS 0)

Breast Diagnostic Procedures

Date of Repeat CBE _____/_____/_____ (MM DD YYYY)

Repeat CBE Paid By:
☐ Federal Funds ☐ State Funds ☐ Non-BCCCP

Repeat CBE Results:
☐ Normal
☐ Benign Finding
☐ * Discrete Palpable Mass
☐ * Bloody or Serous Nipple Discharge
☐ * Nipple or areola scaliness
☐ * Skin Dimpling or Retraction

***All results with an asterisk (*) require Additional Imaging or Biopsy**

Date of Physician Consult _____/_____/_____ (MM DD YYYY)

Physician Consult Paid By:
☐ Federal Funds ☐ State Funds ☐ Non-BCCCP

Date of Biopsy _____/_____/_____ (MM DD YYYY)

Biopsy Paid By:
☐ Federal Funds ☐ State Funds ☐ Non-BCCCP

Date of Fine Needle Aspiration _____/_____/_____ (MM DD YYYY)

Fine Needle Aspiration Paid By:
☐ Federal Funds ☐ State Funds ☐ Non-BCCCP

Final Diagnostic Disposition

Diagnostic DX. Date _____/_____/_____

Diagnostic Disposition:
☐ Results pending
☐ Patient moved
☐ Refuses follow-up
☐ Lost to follow-up
☐ No breast cancer; case closed
☐ Patient died
☐ Unable to obtain results
☐ Breast cancer diagnosed; Tx required

Final Diagnosis:
☐ Breast ductal carcinoma in-situ (DCIS)
☐ Breast lobular carcinoma in-situ (LCIS)
☐ Invasive breast cancer
☐ Atypical epithelial hyperplasia
☐ Other cancer

Stage:
☐ Stage 0
☐ Stage I
☐ Stage II
☐ Stage III
☐ Stage IV
☐ Stage Unknown
☐ Summary Local
☐ Summary Regional
☐ Summary Distant

Tumor size:
☐ 0-1cm
☐ >1-2cm
☐ >2-5 cm
☐ > 5cm
☐ Unknown

Breast Treatment Disposition

Treatment Date ____/_____/_____

Treatment Disposition:
☐ Treatment not needed
☐ Treatment Initiated
☐ Treatment Pending
☐ Patient Died
☐ Patient Moved
☐ Refused Treatment
☐ Unable to obtain results

Comments

Comments to report special situations as needed (Type code in comment field in EHR):
☐CDUSTF (clinician directed ultrasound for short-term follow-up) ☐ LTF (lost to follow-up)

Patient Navigation: Required if PN delivered consistent with CDC policy (refer to BCCCP Training Manual).

Patient Navigation Needs Assessment Completed?
☐ Yes ☐ No

Patient Navigation Completed?
☐ Yes ☐ No

Patient Navigation Paid by Federal Funds:
☐ Yes ☐ No (or if PN not delivered)
☐ Unknown