

BCCCP Provider Agency \_\_\_\_\_

Date \_\_\_\_\_

Reviewer(s) \_\_\_\_\_

Legend: ✓=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										
<b>BREAST CANCER SCREENING</b>										
Breast and Mammogram History										
CBE										
SCR Mammogram if >50 years old										
Mammogram Report										
Patient Notification										
Refusal Documented										
<b>Abnormal CBE follow up</b>										
Refer to physician	Referral Results									
Diagnostic Mammogram/Ultrasound										
FNA/Biopsy										
Refusal or Non-response Documented										
<b>Abnormal mammogram follow up</b>										
Patient Notification										
Refer to physician	Referral Results									
Dx Mammogram/Ultrasound Report										
Biopsy										
Refusal or Non-response Documented										
<b>CERVICAL CANCER SCREENING</b>										
Pap History										
Pap Test	Pap Results									
Pelvic Exam										
Patient Notification										
Refusal Documented										
<b>Abnormal Pap follow up</b>										
Patient Notification										
Refer to physician	Referral Results									
Colposcopy/Biopsy/ECC Results										
Refusal or Non-response Documented										
<b>PATIENT NAVIGATION</b>										
Patient Navigation Documented										
Needs Assessment / Care Plan										
<b>BCCM</b>										
Application in Chart										
Income Verified - if applicable										