

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

High Risk for Breast Cancer?  Yes  No  Not assessed/Unknown

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

Clinical Breast Exam

Date of CBE

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

CBE Paid By:  Federal Funds  State Funds  Non-BCCCP

CBE Results:  
 Normal  \* Skin Dimpling or Retraction  
 Benign Finding  Previous Normal CBE in past 12 months  
 \* Discrete Palpable Mass  CBE not done today  
 \* Bloody or Serous Nipple Discharge  CBE Refused  
 \* Nipple or areola scaliness

**\*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 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, are Additional Procedures Needed to Complete Cycle?  Yes  No  
 (If 'Yes', complete Additional Imaging Procedures on Page 2)

**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"/> Probably Benign; short-term F/U suggested (BI-RADS 3) <input type="checkbox"/> * Highly suggestive of malignancy (BI-RADS 5)	<input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> * Suspicious abnormality, consider biopsy (BI-RADS 4) <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"/> Probably Benign; short-term F/U suggested (BI-RADS 3) <input type="checkbox"/> * Highly suggestive of malignancy (BI-RADS 5)	<input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> * Suspicious abnormality, consider biopsy (BI-RADS 4) <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"/> Probably Benign; short-term F/U suggested (BI-RADS 3) <input type="checkbox"/> * Highly suggestive of malignancy (BI-RADS 5)	<input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> * Suspicious abnormality, consider biopsy (BI-RADS 4) <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"/> Benign Finding <input type="checkbox"/> * Discrete Palpable Mass	<input type="checkbox"/> * Bloody or Serous Nipple Discharge <input type="checkbox"/> * Nipple or areola scaliness <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"/> Stage I <input type="checkbox"/> Stage II <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV <input type="checkbox"/> Stage Unknown <b>Tumor size:</b> <input type="checkbox"/> Summary Local <input type="checkbox"/> Summary Regional <input type="checkbox"/> Summary Distant <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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