**Breast Screen Form**

**Complete for Cancer Screening & Planned Short-term Follow-up.**

1. Breast Cancer Screening Performed through Cancer Detection Programs:
   - Every Woman Counts? ☐ Yes ☐ No

**Clinical Breast Exam**

2. CURRENT breast symptoms? ☐ Yes ☐ No ☐ Unknown

3. Date of CURRENT CBE mm/dd/ccyy

4. CURRENT Results obtained from a non-CDP provider
   - ☐ No breast abnormality (Normal, negative, or WNL)
   - ☐ Benign breast condition
   - ☐ Probably benign breast condition
   - ☐ Abnormality, rule out breast cancer (Suspicious for cancer; order immediate work-up even if mammogram is Negative or Benign)

5. CURRENT Clinical Breast Exam Results (Check One)
   - ☐ CBE not performed
   - ☐ CBE not needed at this time (Normal breast exam within last 12 mo. or per PCP discretion)
   - ☐ CBE needed but not performed (Includes refused/other/unknown)

6. If CBE not performed, why not? (Check One)
   - ☐ Work-up refused (Service refused, patient moved or obtained insurance)
   - ☐ Died before work-up completed

7. Previous Mammogram(s)?
   - ☐ Yes ☐ No ☐ Unknown

8. Date of most recent PREVIOUS mammogram mm/dd/ccyy

9. Date of mammogram mm/dd/ccyy

10. Mammography results (Check One)
    - ☐ Negative (BI-RADS Category 0)
    - ☐ Benign (BI-RADS Category 2)
    - ☐ Probably benign (BI-RADS Category 3)
    - ☐ Suspicous abnormality (BI-RADS Category 4)
    - ☐ Highly suggestive of malignancy (BI-RADS Category 5)
    - ☐ Assessment incomplete (BI-RADS Category 0, Need additional imaging evaluation)

**Mammogram**

- Refer for Immediate Diagnostic Work-up.
- Submit procedures, diagnostic status, and final diagnosis on a Breast Follow-up form.

**Next Step** (Planned course of action)

12. Based on CURRENT CBE, mammogram, or patient's concerns the next step for this recipient is: (Check one)
   - ☐ Immediate rescreen (Resume annual screenings)
   - ☐ Go to Follow-up form. When worksheet is complete, submit data online now.
   - ☐ Short-term Follow-up (Next appointment is planned in 3 to 6 months)

**Breast Follow-up Form**

**Complete if Immediate Work-up was planned.**

**Breast Cancer Diagnostic Procedures**

13. Additional mammographic views mm/dd/ccyy

14. Repeat breast exam/Surgical consult mm/dd/ccyy

15. Ultrasound mm/dd/ccyy

16. Biopsy/Lumpectomy mm/dd/ccyy

17. Fine needle/Cyst aspiration mm/dd/ccyy

18. Other procedure performed mm/dd/ccyy

19. Specify

20. Other procedure performed mm/dd/ccyy

21. Specify

22. Breast Cancer Diagnosis Status
    - ☐ Work-up complete (No more immediate diagnostic procedures required)
    - ☐ Lost to follow-up (Two phone calls and certified letter sent)
    - ☐ Work-up refused (Service refused, patient moved or obtained insurance)
    - ☐ Died before work-up completed

23. Date of this diagnostic status mm/dd/ccyy

24. Breast Cancer Final Diagnosis
    - ☐ Not Cancer (Cancer not found during current diagnostic procedures)
    - ☐ Cancer in situ (Do not use; select lobular or ductal below)
    - ☐ Lobular Cancer in situ (LCIS) (AJCC stage 0)
    - ☐ Ductal Cancer in situ (DCIS) (AJCC stage 0)
    - ☐ Invasive Cancer (Indicate stage and tumor size in sections 26 and 27)

25. Date of this final diagnosis mm/dd/ccyy

26. Invasive Breast Cancer Stage
    - ☐ Stage unknown (e.g. Malignant phyllodes)

27. Invasive Breast Cancer Tumor Size
    - ☐ Stage 0 to <= 1 cm
    - ☐ > 1 to <= 2 cm
    - ☐ > 2 to <= 5 cm
    - ☐ > 5 cm

28. Breast Cancer Treatment Status
    - ☐ Treatment Initiated
    - ☐ Referred for treatment (pending) (Do not use this option; make sure treatment started)
    - ☐ Lost to follow-up (Two phone calls and certified letter sent)
    - ☐ Treatment refused
    - ☐ Treatment not needed
    - ☐ Died before entering treatment

29. Date of this treatment status mm/dd/ccyy

**Version 082506bw CONFIDENTIAL DATA Clinician’s Signature Date**