

Client Identification

Program # _____ Last Name _____
ID # _____ Middle Initial _____
First Name _____
Screening Visit Date: ____/____/____ (mm/dd/yyyy) Facility # _____
(Enter Visit Date from Screening Form)



Breast Imaging Procedure

Breast Diagnostic Procedure

1. Additional Mammogram Views
1. Yes
2. No
2a. Mamm Type: 1. Analog 2. Digital

5. Repeat CBE/Surgical Consult
1. Yes
2. No

2. Ultrasound
1. Yes
2. No

6. Biopsy/Lumpectomy
1. Yes
2. No

3. Film Comparison
1. Yes
2. No

7. Fine Needle/Cyst Aspiration
1. Yes
2. No

4. Final Imaging Outcome
1. Negative (BI-RADS 1)
2. Benign (BI-RADS 2)
3. Probably benign-short interval follow-up indicated (BI-RADS 3)
4. Suspicious abnormality-consider biopsy (BI-RADS 4)
5. Highly suggestive of malignancy (BI-RADS 5)
6. Unsatisfactory
4a. Final Imaging Outcome Date: ____/____/____ (mm/dd/yyyy)

8. Other
1. Yes Specify Procedure:
2. No

Breast Imaging and Diagnostic Procedure Payer

9. Was at least one of the above procedures paid for by BCCEDP?
1. Yes
2. No
3. Unknown

Breast Final Diagnosis/Imaging Results

10. Status of final diagnosis/imaging
1. Work-up complete
2. Lost to follow-up
3. Work-up refused
10a. Date: ____/____/____ STOP HERE (mm/dd/yyyy)

10b. Date of Final Diagnosis/Imaging: ____/____/____ (mm/dd/yyyy)

10c. Final diagnosis
1. Breast cancer not diagnosed
2. Lobular carcinoma in situ (LCIS) - Stage 0
3. Ductal carcinoma in situ (DCIS) - Stage 0
4. Invasive breast cancer

10d. Status of Treatment
1. Started
2. Pending
3. Lost to follow-up
4. Refused
5. Not indicated
10e. Date started: ____/____/____ (mm/dd/yyyy)
10g. Date: ____/____/____ (mm/dd/yyyy)

10f. Treatment paid by:
1. Medicaid
2. Medicare
3. Private Insurance
4. Self
5. Other
6. Unknown

10h. Short-interval follow-up recommended? 1. Yes 2. No (less than 9 months)
10i. Date: ____/____/____ (mm/yyyy)

10j. Referred to American Cancer Society (ACS) additional services
1. Yes
2. No
3. Client Refused