Breast & Cervical Health Check

Breast Cancer Diagnostic Evaluation & Data Collection Form

Clinic:	Medical Record #:	
Last Name:	First Name:	MI:
Social Security #:	Date of Birth: - -	

DIAGNOSTIC PROCEDURE RESULTS

Repeat CBE

Screening Clinician:
- ☐ CBE recommended but refused
- ☐ CBE performed, date _____-_____-_____
  - Results:
  - ☐ Normal exam
  - ☐ Benign finding probable
  - ☐ CBE abnormal, suspicious for cancer
- ☐ Consult only, date _____-_____-

Client concerns led to this visit
- ☐ Yes
- ☐ No

Surgical Consultation:
- ☐ CBE recommended but refused
- ☐ CBE performed, date _____-_____-_____
  - Results:
  - ☐ Normal exam
  - ☐ Benign finding probable
  - ☐ CBE abnormal, suspicious for cancer
- ☐ Consult only, date _____-_____-_____

Diagnostic Mammogram

- ☐ Recommended but refused
- ☐ Performed, date _____-_____-

Results:
- ☐ 1 – Negative
- ☐ 2 – Benign findings
- ☐ 3 – Probably benign, short term follow up indicated
- ☐ 4 – Suspicious abnormality, consider biopsy
- ☐ 5 – Highly suggestive of malignancy
- 0 – Assessment incomplete, and
  - ☐ – need additional imaging, or
  - ☐ – need comparison with prior imaging

Final Imaging result:_____(1-5)

Fine Needle Aspiration

- ☐ Recommended but refused
- ☐ Performed, date _____-_____-_____

Results:
- ☐ No fluid/tissue obtained
- ☐ Not suspicious for cancer
- ☐ Suspicious for cancer

Breast Ultrasound

- ☐ Recommended but refused
- ☐ Performed, date _____-_____-

Results:
- ☐ Normal
- ☐ Other benign findings
- ☐ Cystic
- ☐ Probably benign
- ☐ Suspicious for cancer

Breast Biopsy

- ☐ Recommended but refused
- ☐ Performed, date _____-_____-

Results:
- ☐ Normal breast tissue
- ☐ Hyperplasia
- ☐ Other benign changes
- ☐ Ductal CIS
- ☐ Lobular CIS
- ☐ Invasive carcinoma of the breast

DIAGNOSTIC EVALUATION STATUS

SCREENING SITE CLINICIAN MUST COMPLETE:

Are there other diagnostic procedures to be performed **as soon as possible**?

- ☐ Yes. Procedure:_____
- ☐ No. If no, **complete**:

As of: _____-_____-_____
- ☐ Breast cancer not diagnosed, other benign_____
- ☐ Client refused to complete diagnostic work-up
- ☐ Client is lost to follow-up
- ☐ Client is deceased
- ☐ Breast cancer was diagnosed
  - ☐ Ductal (DCIS)
  - ☐ Lobular (LCIS)
  - ☐ Invasive breast cancer

MONITORING/SURVEILLANCE

- ☐ Return to screening on:

  _____-_____ (mo/yr)
- ☐ Short term follow up procedure:

  _____

  on _____-_____ (mo/yr)

TREATMENT STATUS

- ☐ As of _____-_____-_____ client:
  - ☐ Started treatment
  - ☐ Is lost to treatment
  - ☐ Refuses treatment
  - ☐ Is deceased