



Client Identification

Program # _____ Last Name _____
 ID # _____ First Name _____ 6. Middle Initial _____
 Screening Visit Date: ____/____/____ (mm / dd / yyyy)
 (Enter Visit Date from Screening Form) Facility # _____

Breast Imaging Procedure

Breast Diagnostic Procedure

1. Additional Mammogram Views
 1. Yes 2. No

2a. Mamm Type: 1. Analog
 2. Digital

2. Ultrasound
 1. Yes
 2. No

3. Film Comparison
 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)

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

6. Biopsy/Lumpectomy
 1. Yes
 2. No

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

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 10a. Date: ____/____/____ STOP HERE
 3. Work-up refused

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 10e. Date started: ____/____/____
 2. Pending
 3. Lost to follow-up
 4. Refused
 5. Not indicated

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

10g. Date: ____/____/____

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