BREAST All Patients

40998

Social Security Number ___ - ___ - ____

Date of Birth MM / DD / YYYY

Last Name

First Name

Middle

Provider Site:

Cycle Number: 100

Clinical History

Prior Mammogram: (check one)
- ☐ Yes
- ☐ No

Workup Planned: (check one)
- ☐ Add'l Imaging Planned
- ☐ Add'l Imaging Not Planned

Date of Last Mammogram: MM / DD / YYYY

Unknown Mammogram Date
- ☐ Within last year
- ☐ Between 1 and 3 years
- ☐ Greater than 3 years

Eligibility
- **Income Eligible:** ☐ Yes ☐ No
- **Insurance Available:** ☐ Yes ☐ No
- **Medicare/Medicaid:** ☐ Yes ☐ No

Breast Symptoms?
- ☐ Yes
- ☐ No

◉ Clinical Breast Exam (CBE) ◉

Type Visit
- ☐ New
- ☐ Established

Site:

CBE Results: (check one)
- ☐ Normal
- ☐ Benign ☐ Not Done - oth/unk reason
- ☐ Refused ☐ ND - Normal CBE in last 12 mos
- ☐ Discrete palp mass - (Prev Dx'ed Benign)
- ☐ Bloody/serous nipple discharge
- ☐ Nipple/areolar scaliness
- ☐ Skin dimpling/retraction
- ☐ Discrete palp mass - cystic or solid

Date CBE Performed: / /

Date of Results: / /

Recmnd'd FU: (check one)
- ☐ Routine Screening
- ☐ Obtain definitive Tx
- ☐ MRI
- ☐ STFU
- ☐ Add'l mam views
- ☐ Repeat mam immed
- ☐ CBE consult
- ☐ Ultrasound
- ☐ Surg consult
- ☐ FNA
- ☐ Biopsy

Paid for by LBCHP funds: ☐ No

◉ Mammogram (Initial) ◉

Ref Date: / /

Site:

Why Initial Mam?
- ☐ Routine
- ☐ Referred in
- ☐ Symptoms
- ☐ Not Done

- ☐ Not needed
- ☐ Needed not performed
- ☐ Refused
- ☐ Not done - oth/unk reason
- ☐ Done recently elsewhere, (nf)

Mammogram Results: (check one)
- ☐ Negative--BIRAD 1
- ☐ Benign finding--BIRAD 2
- ☐ Probably benign (STFU)--BIRAD 3
- ☐ Susp abn (Consider Bx)--BIRAD 4
- ☐ Highly sug of malig--BIRAD 5
- ☐ Assmt incomplete (NADIMG) --BIRAD 0
- ☐ Film comparison reqd--BIRAD 0
- ☐ Results unk, presumed abn (nf)
- ☐ Unsatisfactory--repeat mam immed

Type Visit
- ☐ Screening Mam
- ☐ Diag Unilateral
- ☐ Diag Bilateral

Type of Mammogram
- ☐ Digital
- ☐ Conventional

Date Mam Performed: / /

Date of Results: / /

Recmnd'd FU: (check one)
- ☐ Routine Screening
- ☐ Obtain definitive Tx
- ☐ MRI
- ☐ STFU
- ☐ Add'l mam views
- ☐ Repeat mam immed
- ☐ CBE consult
- ☐ Ultrasound
- ☐ Surg consult
- ☐ FNA
- ☐ Biopsy

Paid for by LBCHP funds: ☐ No

12/12/2008 04:15:35 PM

Print Reset