



BREAST All Patients

40998

Social Security Number

____ - ____ - _____

Date of Birth

____ / ____ / ____
M M / D D / Y Y Y Y

Last Name

First Name

Middle

Provider Site:

Cycle Number:

Clinical History

Prior Mammogram: (check one)

- Yes
- No

Date of Last Mammogram:

____ / ____ / ____
M M / D D / Y Y Y Y

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

Workup Planned: (check one)

- Add'l Imaging Planned
- Add'l Imaging Not Planned

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:

____ / ____ / ____

Paid for by LBCHP funds: No

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

Mammogram (Initial)

Why Initial Mam?

- Routine Referred in
- Symptoms Not Done

Ref Date:

____ / ____ / ____

Site:

- 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:

____ / ____ / ____

Paid for by LBCHP funds: No

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



59628

BREAST Imaging

Social Security Number

____ - ____ - _____

Date of Birth

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M M D D Y Y Y Y

Last Name

First Name

MI

Cycle Number:

Additional Mammogram Views

Type Visit

- Diagnostic Unilateral
- Diagnostic Bilateral

Site:

Mammogram Results: (check one)

- Refused
- Negative --BIRAD 1
- Benign finding --BIRAD 2
- Probably benign --BIRAD 3
- Susp abn (Consider Bx) --BIRAD 4
- Highly sug of malig --BIRAD 5
- Assmt is incomplete (NAIMG) --BIRAD 0
- Film comparison required

Date Performed:

____ / ____ / _____
M M D D Y Y Y Y

Date of Results:

____ / ____ / _____
M M D D Y Y Y Y

Paid for by LBCHP funds: No

Recmnd'd FU: (check one)

- Routine screening
- Obtain definitive Tx
- MRI
- STFU
- Add'l mam views
- Repeat mam immed
- CBE consult
- Ultrasound
- Surgical consult
- FNA
- Biopsy

Ultrasound

Ultrasound Results: (check one)

- Refused
- Negative --BIRAD 1
- Benign finding --BIRAD 2
- Probably Benign --BIRAD 3
- Susp abn (Consider Bx) --BIRAD 4
- Highly sugg of malig --BIRAD 5
- Assmt incomplete (NAIMG) --BIRAD 0
- Known Biopsy - proven malig

Date Performed:

____ / ____ / _____
M M D D Y Y Y Y

Date of Results:

____ / ____ / _____
M M D D Y Y Y Y

Paid for by LBCHP funds: No

Site:

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

Film Comparison for BIRAD 0

Film Comparison Results: (check one)

- Negative --BIRAD 1
- Benign finding --BIRAD 2
- Probably benign --BIRAD 3
- Susp abn (Consider Bx) --BIRAD 4
- Highly sug of malig --BIRAD 5
- Assessment is incomplete --BIRAD 0
- Not Done -oth/unk reason

Date Performed:

____ / ____ / _____
M M D D Y Y Y Y

Date of Results:

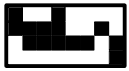
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M M D D Y Y Y Y

Paid for by LBCHP funds: No

Site:

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



62077

CERVICAL All Patients

Social Security Number

____ - ____ - _____

Date of Birth

____ / ____ / _____

Last Name

First Name

____ MI

Provider Site:

Cycle Number:

Clinical History

Prior Pap Test: (check one)

Yes No

Date of Last Pap

____ / ____ / _____

Unknown Pap Test Date

Workup Planned: (check one)

Planned Not Planned

Within last 2 years

Between 2 and 5 years

Greater than 5 years

Eligibility

Income Eligible: Yes No

Insurance Available: Yes No

Medicare/Medicaid: Yes No

Pelvic Exam

Pelvic Exam Results: (check one)

Refused

Normal

Abnormal - Not suspicious for Ca

Abnormal - Suspicious for Ca

Not done - Normal PE in past 12 mos

Not done - Other/unknown reason

Not indicated/Not needed

Abnormal Pelvic

Type Visit

New

Established

Site:

Recmd'd FU: (check one)

Pap in 1 year

Short-term follow up

Pelvic Ultrasound

Gynecologic consultation

Pap in 2 years

Pap in 3 years

Colposcopy with biopsy

Date Exam Performed:

____ / ____ / _____

Date of Results:

____ / ____ / _____

Paid for by LBCHP funds: No

Pap Test

Why Initial Pap?

Routine

Referred in

Diagnostic Referral Date:

____ / ____ / _____

Site:

Surveillance

ND - HPV/Diag

Not needed

Needed not performed

Refused

Not done - oth/unk reason

Done recently elsewhere, (nf)

Pap Test Results: (check one)

Negative for lesion or malignancy

ASC-US

Low grade SIL

High grade SIL

ASC-H

AGUS

AGC (Atypical glandular cells)

AIS (Endocervical adenoca in situ)

Squamous cell carcinoma

Adenocarcinoma

Other

Pap Adequacy:

Satisfactory

Unsatisfactory

Specimen Type:

Conventional

Liquid Based

Date Exam Performed:

____ / ____ / _____

Date of Results:

____ / ____ / _____

Recmd'd FU: (check one)

Pap in 1 year

Short-term follow up

Repeat Pap test immediately

Pelvic Ultrasound

Other biopsy

Gynecologic consultation

Definitive treatment

Hysterectomy

LEEP

Cold Knife Cone (CKC)

HPV Test

ECC

Colposcopy with ECC

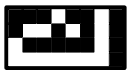
Colposcopy without biopsy

Pap in 2 years

Pap in 3 years

Colposcopy with biopsy

Paid for by LBCHP funds: No



CERVICAL Abnormals

38269

Social Security Number

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Date of Birth

□□ / □□ / □□□□
M M / D D / Y Y Y Y

Last Name

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First Name

□□□□□□□□□□□□□□□□

MI

□

Cycle Number:

□□□

Select One of the Following Procedures:

- Colposcopy with Biopsy
- Colpo with ECC
- Endocervical Curettage
- LEEP
- Cone
- Hysterectomy
- Other Biopsy

Provider Site:

□□□□□□□□

Results: (check one)

- Refused
- Negative (WNL)
- No Cancer Tissue
- Adenocarcinoma
- CIN I
- CIN II
- CIN III / CIS
- Invasive Carcinoma

Date Performed:

□□ / □□ / □□□□
M M / D D / Y Y Y Y

Date of Results:

□□ / □□ / □□□□
M M / D D / Y Y Y Y

Recmd'd FU: (check one)

- Pap in 1 year
- Short-term follow up
- Repeat Pap test immediately
- Pelvic Ultrasound
- Other biopsy
- Gynecologic consultation
- Definitive treatment
- Hysterectomy
- LEEP
- Cold Knife Cone (CKC)
- HPV Test
- ECC
- Colposcopy with ECC
- Colposcopy without biopsy
- Pap in 2 years
- Pap in 3 years
- Colposcopy with biopsy

Select One of the Following Procedures:

- GYN Consult
- Colposcopy without Biopsy

Provider Site:

□□□□□□□□

Results: (check one)

- Refused
- Negative (WNL)
- Infection/Inflammation/Reactive
- Other Abnormality
- Unsatisfactory
- Not done - oth/unk reason

Date Performed:

□□ / □□ / □□□□
M M / D D / Y Y Y Y

Date of Results:

□□ / □□ / □□□□
M M / D D / Y Y Y Y

Recmd'd FU: (check one)

- Pap in 1 year
- Short-term follow up
- Pelvic Ultrasound
- Gynecologic consultation
- Pap in 2 years
- Pap in 3 years
- Colposcopy with biopsy

○ HPV Test ○

HPV Test Results (check one)

- Negative (HPV)
- Positive (HPV)
- Unknown

Provider Site:

□□□□□□□□

Date Performed:

□□ / □□ / □□□□
M M / D D / Y Y Y Y

Date of Results:

□□ / □□ / □□□□
M M / D D / Y Y Y Y

Recmd'd FU: (check one)

- Pap in 1 year
- Short-term follow up
- Pelvic Ultrasound
- Gynecologic consultation
- Pap in 2 years
- Pap in 3 years
- Colposcopy with biopsy

Paid for by LBCHP funds: No

Final Diagnosis / Update Form

This form must be filled out for each participant with abnormal results.

Call provider relations with any questions you may have regarding this form at 504-599-1073.

| | |
|--|---|
| Social Security Number | Date of Birth |
| <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Last Name | |
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| First Name | MI |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> |

| | |
|--|--|
| Provider Site: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Cycle Number: <input type="text"/> <input type="text"/> <input type="text"/> |
|--|--|

BREAST UPDATE

| | |
|--|--|
| Status of Final Dx: <input type="checkbox"/> Complete <input type="checkbox"/> Pending <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Refused <input type="checkbox"/> Irreconcilable | |
| Final Imaging Outcome: | Date of Final Diagnosis/Imaging: |
| <input type="checkbox"/> Negative--BIRAD 1 | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Benign finding--BIRAD 2 | M M / D D / Y Y Y Y |
| <input type="checkbox"/> Probably benign--BIRAD 3 | Date Treatment Status: |
| <input type="checkbox"/> Susp abn (Consider Bx)--BIRAD 4 | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Highly suggestive of malignancy--BIRAD 5 | M M / D D / Y Y Y Y |
| <input type="checkbox"/> Unsatisfactory | Final Imaging Date: |
| <input type="checkbox"/> Additional Imaging pending | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | M M / D D / Y Y Y Y |

| | |
|---|--|
| Final Diagnosis: (check one) | |
| <input type="checkbox"/> Invasive Breast Cancer | <input type="checkbox"/> Breast Cancer not diagnosed |
| <input type="checkbox"/> Lobular Carcinoma In Situ (LCIS) | <input type="checkbox"/> Ductal Carcinoma In Situ (DCIS) |
| Treatment Status: (check one) | |
| <input type="checkbox"/> Treatment started | <input type="checkbox"/> Treatment pending |
| <input type="checkbox"/> Lost to follow-up | <input type="checkbox"/> Treatment refused |
| <input type="checkbox"/> Treatment not needed | |

CERVICAL UPDATE

| | |
|--|---|
| Status of Final Dx: <input type="checkbox"/> Complete <input type="checkbox"/> Pending <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Refused <input type="checkbox"/> Deceased | |
| Final Diagnosis: (check one) | |
| <input type="checkbox"/> Normal/Benign reaction/inflammation | <input type="checkbox"/> Invasive Cervical Carcinoma (bx dx) |
| <input type="checkbox"/> HPV/Condylomata/Atypia | <input type="checkbox"/> Other <input style="width: 400px;" type="text"/> |
| <input type="checkbox"/> CIN I/mild dysplasia (bx dx) | <input type="checkbox"/> Low Grade SIL (bx dx) |
| <input type="checkbox"/> CIN II/moderate dysplasia (bx dx) | <input type="checkbox"/> High Grade SIL (bx dx) |
| <input type="checkbox"/> CIN III/severe dysplasia/CIS (Stage 0) (bx dx) | |
| Date of Final Diagnosis: | |
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| M M / D D / Y Y Y Y | |
| Treatment Status: (check one) | |
| <input type="checkbox"/> Refused by client | <input type="checkbox"/> Other problems |
| <input type="checkbox"/> Lost to follow-up | <input type="checkbox"/> Client deceased |
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Treatment started |
| <input type="checkbox"/> Financial Problems | <input type="checkbox"/> Pending/Unknown |
| <input type="checkbox"/> Not indicated/Not needed | |
| Date Treatment Started: | |
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| M M / D D / Y Y Y Y | |

