



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)

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

- Bloody/serous nipple discharge
- Nipple/areolar scaliness
- Skin dimpling/retraction
- Discrete palp mass - cystic or solid

Paid for by LBCHP funds: No

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:

____ / ____ / ____

Recmnd'd FU: (check one)

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Paid for by LBCHP funds: No