



Cancer Detection Programs: Every Woman Counts

Recipient ID# 9 A Date of Birth mm/dd/yyyy Recipient Name: Last First Middle Provider ID#

I Clinical Breast Exam

1. CURRENT Breast Symptoms? 2. Current CBE Results 2b. Date of CURRENT CBE 3. Current results obtained from a non-CDP provider

II Mammogram

4. PREVIOUS Mammogram? 4b. Date of PREVIOUS Mammogram 5. Reason for CURRENT Mammogram 6. Breast Diagnostic Referral Date 7b. Date of CURRENT Mammogram

7. CURRENT Mammogram Result 7b. Date of CURRENT Mammogram

III Additional Procedures Needed to Complete Breast Cycle?

8. Not needed or planned - Routine rescreen (Resume annual screenings) Not needed or planned - Short term follow-up (Next appointment planned in less than 12 months) Needed or planned - Immediate work-up (Immediate diagnostic work-up is planned)

IV Breast Imaging Procedures All dates below must be ON or AFTER the Date of CURRENT CBE / Mammogram

9. Type of Procedure 9b. Date of Procedure

10. Final Imaging Outcome 10b. Date of Final Imaging Outcome

V Breast Diagnostic Procedures

11. Type of Procedure 11b. Date of Procedure

12. Other Breast Procedure Performed (Not Covered by CDP:EWC) 12b. Date of Procedure

VI Breast Work-up Status and Final Diagnosis Information

13. Work-up Status 13b. Date of Work-up Status 14. Final Diagnosis 14b. Date of Final Diagnosis

VII Breast Cancer Treatment Information

15. Treatment Status 15b. Date of Treatment Status 16. Patient enrolled in BCCTP. Check this box ONLY if you have completed the BCCTP enrollment process.

Clinician's Signature Date