



Cancer Detection Programs: Every Woman Counts

Recipient ID# 9 A, Date of Birth, 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

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

III Additional Procedures Needed to Complete Breast Cycle?

8. Not needed or planned - Routine rescreen, Not needed or planned - Short term follow-up, Needed or planned - Immediate work-up

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, 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

Clinician's Signature, Date