



Breast and Cervical Abnormal Form



Client Name	Phone Number	State ID	
Social Security Number - -	Date of Birth MM / DD / YYYY	Admin Site #	<input type="checkbox"/> Revised

Additional Procedures	Date	Results	<input type="checkbox"/> Diagnostics Paid by MCSP
Imaging Procedures		Result of imaging procedure	
Additional mammographic views	___/___/___	<input type="checkbox"/> Done _____	
Ultrasound	___/___/___	<input type="checkbox"/> Done _____	
Film comparison (to evaluate assessment incomplete)	___/___/___	<input type="checkbox"/> Done _____	
Final imaging outcome (Includes all imaging procedures and film comparisons done.)	___/___/___	<input type="checkbox"/> Negative (1) <input type="checkbox"/> Suspicious Abnormality (4) <input type="checkbox"/> Benign (2) <input type="checkbox"/> Highly suggestive of malignancy (5) <input type="checkbox"/> Probably Benign (3)	
Surgical consult, repeat breast exam	___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer	
Fine needle biopsy/cyst aspiration	___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer	
Incisional biopsy	___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer	
Excisional biopsy	___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer	
Colposcopy directed biopsy/ECC	___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer	
Diagnostic LEEP	___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer	
Diagnostic cold knife cone	___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer	
Diagnostic endocervical curettage	___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer	
Gyn consult	___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer	
Other - list: _____	___/___/___	<input type="checkbox"/> Normal: probably benign <input type="checkbox"/> Abnormal: suspicious for cancer	

Breast Final Diagnosis <input type="checkbox"/> Cancer not diagnosed <input type="checkbox"/> Cancer, in-situ - LCIS <input type="checkbox"/> Cancer, in-situ - DCIS <input type="checkbox"/> Cancer, invasive	Cervical Final Diagnosis <input type="checkbox"/> Normal/benign/inflammation <input type="checkbox"/> HPV/Condylomata/Atypia <input type="checkbox"/> Mild dysplasia/CIN I (bx dx) <input type="checkbox"/> Low grade SIL (bx dx) <input type="checkbox"/> Moderate dysplasia/CIN II (bx dx) <input type="checkbox"/> High grade SIL (bx dx) <input type="checkbox"/> Severe dysplasia/CIN III/Carcinoma in situ (bx dx) <input type="checkbox"/> Invasive cervical carcinoma (bx dx) <input type="checkbox"/> Other - List: _____
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Complete for Breast and /or Cervical Findings	
Status of final diagnosis/imaging: (date is required) <input type="checkbox"/> Workup complete Date ___/___/___ <input type="checkbox"/> Workup refused Date ___/___/___ <input type="checkbox"/> Lost to follow-up Date ___/___/___ Comments _____ _____	Status of treatment: (required for bolded final diagnoses) <input type="checkbox"/> Started Date ___/___/___ <input type="checkbox"/> Refused Date ___/___/___ <input type="checkbox"/> Lost to follow-up Date ___/___/___ Next screening or follow-up due ___/___/___ <div style="text-align: right; margin-right: 50px;">Month Year</div> Provider's signature _____ Print provider's name _____