



BREAST AND CERVICAL ABNORMAL FORM



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

Additional Procedures **Diagnostics by MCCP**

Imaging Procedures	Date	Result of imaging procedure
Additional Mammographic views	MM / DD /YYYY	<input type="checkbox"/> Done
Ultrasound	MM / DD /YYYY	<input type="checkbox"/> Done
Film comparison	MM / DD /YYYY	<input type="checkbox"/> Done

(to evaluate addressment incomplete)

Final imaging Outcome (Includes all imaging procedures and film comparisons done) MM / DD /YYYY

Negative (1)
 Benign (2)
 Probably Benign (3)

Suspicious Abnormality (4)
 High suggestive of malignancy (5)

Surgical consult, repeat breast exam	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Fine needle biopsy/cyst aspiration	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Incisional biopsy	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Excisional biopsy	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Colposcopy direct biopsy/ECC	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Diagnostic LEEP	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
diagnostic cold knife cone	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Diagnostic endocervical curettage	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Gyn consult	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Other (list):	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer

Breast Final Diagnosis

Cancer not diagnosed
 Cancer, in-situ - LCIS

Cancer, in-situ - DCIS
 Cancer, invasive

Cervical Final Diagnosis

Normal/benign/inflammation
 HPV/Condylomata/Atypia

Mild dysplasia/CIN I (bx dx)
 Low grade SIL (bx dx)

Moderate dysplasia/CIN II (bx dx)
 High grade SIL (bx dx)

Severe dysplasia/CIN III/Carcinoma in situ (bx dx)
 Invasive cervical carcinoma (bx dx)

Other (list):
 Other (list):

Complete for Breast and/or Cervical Findings

Status of final diagnosis/imaging (date is required)

Work up complete MM / DD /YYYY
 Work up refused MM / DD /YYYY

lost to follow up MM / DD /YYYY

Comments:

Status of treatment: (required for bolded final diagnosis)

Started MM / DD /YYYY
 Refused MM / DD /YYYY

Lost to follow up MM / DD /YYYY
Next screenign or follow up MM / DD /YYYY

Provider's signature: _____ Print Provider's Name: _____