



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	Resulte 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 fianl 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:
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