**Breast Diagnostic Form**

 **BCCHP ID#:** **Authorization #:**

|  |  |  |  |
| --- | --- | --- | --- |
| CLIENT NAME (Last, First, MI)      | DATE OF BIRTH      | SOCIAL SECURITY NUMBER      | DATE OF PROCEDURE       |
| REFERRING PROVIDER/CLINIC SITE      | SPECIALTY CLINIC SITE      | PLACE OF SERVICE[ ]  Office[ ]  Hospital [ ]  ASC | CHART NUMBER      |
| Referred for diagnostic evaluation by non-BCCHP provider on date:       | SPECIALTY PROVIDER NAME      |
| [ ]  **Surgical Consult / Repeat Clinical Breast Exam** CBE Result:[ ]  Normal[ ]  Abnormal - Findings      Recommendation:      **Breast Cancer Risk:** [ ]  Average [ ]  High [ ]  Not Assessed **Indicate if chest wall radiation before 30** [ ]  Yes [ ]  No I**f high risk,** Tyrer-Cuzick (IBIS) model used**:** [ ]  Yes [ ]  No Other tool used(Gail model not accepted by BCCHP):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Lifetime Risk:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%** (20% or higher is considered high risk) |
| Procedures & Results |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Which Breast:** | [ ]  Left  | [ ]  Right |  |  |
| [ ]  **Ultrasound** | [ ]  Neg | [ ]  Benign | [ ]  Probably Benign | [ ]  Suspicious Abnormality |
| [ ]  Highly Suggest Malig | [ ]  Assess Incomplete | [ ]  Tech Unsatisfactory |  |
| **[ ]  Breast Smear** | [ ]  Neg Malig | [ ]  Pos Malig | [ ]  Indeterm/ Atyp | [ ]  Non-Diag / Needs rpt | [ ]  No Specimen |
| [ ]  **Biopsy** | [ ]  Neg Malig | [ ]  Pos Malig  | [ ]  Indeterm/ Atyp | [ ]  Non-Diag / Needs rpt | [ ]  No Specimen |
| ***Type of Biopsy:*** | [ ]  Percutaneous | [ ]  Open  | [ ]  Skin |  |
| **Type of Localization Guidance:** | [ ]  Mammogram | [ ]  Ultrasound | [ ]  MRI |  |
| [ ]  **FNA** | [ ]  Neg Malig | [ ]  Pos Malig  | [ ]  Indeterm/ Atyp | [ ]  Non-Diag / Needs rpt | [ ]  No Specimen |
| ***Imaging:*** | [ ]  Yes | [ ]  No Type: |  |  |
| [ ]  **Cyst Aspiration** | [ ]  Neg Malig | [ ]  Pos Malig  | [ ]  Indeterm/ Atyp | [ ]  Non-Diag / Needs rpt | [ ]  No Specimen |
| [ ]  **Ducto/Galactogram** | [ ]  Neg Malig | [ ]  Pos Malig  | [ ]  Indeterm/ Atyp | [ ]  Non-Diag / Needs rpt | [ ]  No Specimen |

 |
| **Final Dx/Status** | [ ]  Not Cancer [ ]  Lobular Carcinoma In Situ\* [ ]  Ductal Carcinoma In Situ\* [ ]  Cancer Invasive\* [ ]  Atypical Hyperplasia\***\**If diagnosed with these diagnoses, contact BCCHP to enroll in the Breast and Cervical Cancer Treatment Program (BCCTP)*** |
| [ ]  Work-up complete – Date:        Recommended follow-up:      [ ]  Work-up pending – Date:        Why Pending:      [ ]  \*\*Lost to follow-up – Date:        Why Lost:      [ ]  \*\*Work-up refused – Date:        Why Refused:      ***\*\* Provide documentation to BCCHP Prime Contractor of attempts to contact client*** |
| **Treatment recommended**:Date:       | [ ]  Axillary Dissection | [ ]  Sentinel Node Biopsy | [ ]  Lumpectomy |
| Mastectomy : [ ]  Radical [ ]  Modified | [ ]  Chemotherapy | [ ]  Radiation | [ ]  Endocrine Therapy |
| **If referred for treatment, treatment clinical site/provider:**  |
| DIAGNOSTIC PROVIDER SIGNATURE | Print Name      | Telephone Number      | Date      |

**PLEASE FAX FORM TO BCCHP PRIME CONTRACTOR AT:**