**Documentation of Breast Clinical Services**

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<th>Last Name:</th>
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<tr>
<th>Clinic:</th>
<th>New Screen</th>
<th>Follow-Up</th>
<th>Rescreen</th>
<th>Enrollment #:</th>
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**FAMILY HISTORY (Required)**

1. Has genetic testing for breast cancer been done? □ Yes □ No □ Unknown
2. Is the client considered high risk for breast cancer?
   □ Yes (e.g. client has a BRCA mutation, a first-degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between ages 10-30, or person of family history of genetic syndromes like Li-Fraumeni syndrome)
   □ No
   □ Not assessed

**REASON FOR SCREENING (Required)**

3. Indication for initial mammogram *(This includes refused mammograms)*:
   □ Routine screening mammogram
   □ Initial mammogram performed to evaluate symptoms, abnormal CBE result or previous abnormal mammogram result
   □ Initial mammogram done by a non-program funded provider, client referred in for diagnostic evaluation:
     - Date of referral: ______________ (MM/DD/YYYY)
   □ Initial mammogram not done. Date of referral: ______________ (MM/DD/YYYY)

   Why was mammogram not done? □ Refused □ Not Needed □ Needed but not performed

**CLINICAL BREAST EXAM (CBE) (Required)**

4. Does client have any abnormal breast symptoms? □ Yes □ No
5. Did client have a CBE? □ Yes □ No
6. CBE date: ______________ (MM/DD/YYYY)
7. If yes, what were CBE results?
   □ Normal exam
   □ Benign finding (fibrocystic changes, diffuse lumpiness or nodularity)
   □ Suspicious finding
   □ Discrete palpable mass*
   □ Bloody or serous nipple discharge*
   □ Nipple or areolar scaliness*
   □ Skin dimpling or retraction*
8. If no, what was the reason?
   □ Previous normal CBE (past 12 months)
   □ CBE not performed, other or unknown reason
   □ Refused

9. Mammogram type:
   □ Screening □ Diagnostic
   □ Unilateral □ Bilateral

10. Mammogram date: ______________ (MM/DD/YYYY)
11. What were the mammogram results?
    □ Negative (BI-RADS 1)
    □ Benign finding (BI-RADS 2)
    □ Probably benign* (BI-RADS 3)
    □ Short-term imaging follow up at □ 3 mon □ 6 mon □ Other:
      □ Suspicous abnormality* (BI-RADS 4)
      □ Highly suggestive of malignancy (BI-RADS 5)
      □ Assessment is incomplete (BI-RADS 0)- Additional Imaging Required*
      □ Assessment is incomplete (BI-RADS 0)- Film Comparison Required*
      □ Unsatisfactory, film cannot be interpreted (Repeat Mammogram)
      □ Unknown, presumed abnormal, from non-program funded source
12. Additional breast procedures needed for final diagnosis?
    □ Yes □ No

*Requires further diagnostic evaluation.

Updated: 4/23/2020
13. Screening MRI results:
- [ ] Yes
- [ ] No

Procedure date: ____________ (MM/DD/YYYY)

Procedure site: ____________ (MM/DD/YYYY)

- [ ] Negative (BI-RADS 1)
- [ ] Benign finding (BI-RADS 2)
- [ ] Probably benign indicated (BI-RADS 3)
- [ ] Suspicious (BI-RADS 4)
- [ ] Highly suggestive of malignancy (BI-RADS 5)
- [ ] Known malignancy (BI-RADS 6)
- [ ] Assessment incomplete-Need additional imaging evaluation (BI-RADS 0)
- [ ] Refused

Form Completed: ____________ (MM/DD/YYYY)

14. Which services were paid by AICAF?
- [ ] CBE
- [ ] Mammogram
- [ ] Additional mammogram views
- [ ] Ultrasound
- [ ] Film comparison
- [ ] Fine needle/cyst aspiration
- [ ] Biopsy/lumpectomy
- [ ] Repeat CBE
- [ ] Surgical consult

Form Completed by:

Updated: 4/23/2020