Breast Follow-up & Tracking Form

Last Name:	First Name:	MI:	Maiden Name:
Clinic:	☐ New Screen ☐ Follow-U p ☐ Rescreen		Enrollment #:

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 (parent, child, or sibling) 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 report any abnormal breast symptoms?
   ☐ Yes ☐ No
5. Did client have a CBE? ☐ Yes ☐ No (skip 6, 7)
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

MAMMOGRAM *(If Mammogram Done, Required)*

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:
    - ☐ Suspicious 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. Where was the mammogram performed?

13. Additional breast procedures needed for final

<table>
<tr><td colspan="2">***Requires further diagnostic evaluation.**</td><td>diagnosis? ☐ Yes ☐ No
***Requires further diagnostic evaluation.**</td></tr>
<tr><th colspan="3">DIAGNOSTIC PROCEDURES *(if applicable)*</th></tr>
<tr><td>14. Screening MRI results **(Required for high risk clients)**:
☐ Yes ☐ No
Procedure date:
Procedure site:
☐ 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</td><td>15. Additional Mam Views:
☐ Yes ☐ No
☐ Unilateral ☐ Bilateral
Procedure date:
Procedure site:
☐ Negative (BI-RADS 1)
☐ Benign findings (BI-RADS 2)
☐ Probably benign* (BI-RADS 3)
☐ Suspicious abnormality* (BI-RADS 4)
☐ Highly suggestive of malignancy (BI-RADS 5)
☐ Assessment incomplete (BI-RADS 0)
☐ Unsatisfactory
☐ Refused</td><td>16. Ultrasound: ☐ Yes ☐ No
Procedure date:
Procedure site:
☐ Negative (BI-RADS 1)
☐ Benign finding (BI-RADS 2)
☐ Probably benign* (BI-RADS 3)
☐ Suspicious abnormality* (BI-RADS 4)
☐ Highly suggestive of malignancy (BI-RADS 5)
☐ Known biopsy-proven malignancy (BI-RADS 6)
☐ Refused</td></tr>
<tr><td rowspan="2">17. Film Comparison for final diagnosis:
☐ Yes ☐ No
Procedure date:
Procedure site:
☐ Negative (BI-RADS 1)
☐ Benign finding (BI-RADS 2)
☐ Probably benign* (BI-RADS 3)
☐ Suspicious abnormality* (BI-RADS 4)
☐ Highly suggestive of malignancy (BI-RADS 5)
☐ Assessment incomplete (BI-RADS 0)
☐ Unsatisfactory
☐ Refused</td><td rowspan="2">18. Fine Needle/ Cyst Aspiration:
☐ Yes ☐ No
Procedure date:
Procedure site:
☐ Not suspicious for cancer
☐ Suspicious for cancer
☐ No fluid/tissue collected
☐ Refused

19. Biopsy/ Lumpectomy:
☐ Yes ☐ No
Type of biopsy:
☐ Excisional ☐ Nonexcisional
Procedure date:
Procedure site:
☐ Normal breast tissue
☐ Hyperplasia
☐ Other benign changes
☐ Atypical Ductal Hyperplasia
☐ DCIS
☐ LCIS
☐ Invasive cancer
☐ Refused</td><td>20. Repeat CBE: ☐ Yes ☐ No
Procedure date:
Procedure site:
☐ Normal (WNL)
☐ Benign finding
☐ Discrete palpable mass
☐ Bloody or serous nipple discharge
☐ Nipple or areolar scaliness
☐ Skin dimpling or retraction
☐ Refused</td></tr>
<tr><td>21. Surgical Consult: ☐ Ys ☐ No
Procedure date:
Procedure site:
☐ Biopsy/FNA
☐ No intervention at this time-routine FU
☐ Not done/other reason
☐ Short term FU
☐ Surgery or treatment recommended
☐ Ultrasound recommended
☐ Refused</td></tr>
<tr><th colspan="2">WORK-UP STATUS *(Required)*</th><th>TREATMENT STATUS *(Required)*</th></tr>
</table>

22. Work up status?	23. Status of breast cancer treatment?
☐ Work-up complete ☐ Irreconcilable (conflicting test results) ☐ Deceased ☐ Client lost to follow-up ☐ Workup refused	☐ Treatment started ☐ Client lost to follow-up ☐ Treatment refused ☐ Treatment not recommended
24. Date of final diagnosis:___________ (*MM/DD/YYYY*)	25. Date of treatment status:________ (*MM/DD/YYYY*)
26. Final Diagnosis: ☐ Breast cancer not diagnosed ☐ Invasive breast cancer ☐ Ductal carcinoma in situ ☐ Lobular carcinoma in situ ☐ Recurrence of prior breast cancer	27. Client enrolled in Medicaid for treatment? ☐ Yes ☐ No If no, why not?:

CASE SUMMARY *(if applicable)*

28. Stage information:	29. Procedures and treatment (Check all that apply)
AJCC STAGE: ☐ Ductal In Situ – Stage 0 ☐ Lobular In Situ – Stage 0 ☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV If AJCC stage not available: **SUMMARY STAGE:** ☐ Local ☐ Regional ☐ Distant **TUMOR SIZE (Maximum dimension):**_____ centimeters **NODE DISSECTION/BIOPSY:** ☐ Performed Date: __________ (*MM/DD/YYYY*) ________ # of nodes examined ________ # of nodes positive ☐ Not performed	**SURGICAL PROCEDURES:** Date: ____________________ (*MM/DD/YYYY*) ☐ Lumpectomy/Local excision ☐ Simple mastectomy ☐ Modified radical mastectomy ☐ Radical mastectomy **ADDITIONAL TREATMENT:** Date: ___________________ (*MM/DD/YYYY*) ☐ Radiation ☐ Chemotherapy ☐ Tamoxifen, Raloxifene ☐ Other:

Comments:

TRANSFER OF CARE *(if applicable)*

30. Name of new provider:	32. Address of new provider:
31. Phone of new provider:	33. Reason for transfer:

Form Completed __________________(*MM/DD/YYYY*) **Form Completed by:**

AICAF Use Only

1. Which services were paid by AICAF?

☐ CBE	☐ Film comparison
☐ Mammogram	☐ Fine needle/cyst aspiration
☐ Additional mammogram views	☐ Biopsy/lumpectomy
☐ Ultrasound	☐ Repeat CBE
	☐ Surgical consult