

Breast Follow-up & Tracking Form

Last Name:	First Name:		MI:	Maiden Name:		
Clinic:	New Screen Follow-	U p Rescree	en	Enrollment #:		
	FAMILY HIST	ORY (Required	d)			
1. Has genetic testing for breast cancer been done? Yes No Unknown						
2. Is the client considered high risk for breast cancer?						
	BRCA mutation, a first-degre					
·	carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment					
	en ages 10-30, or person of	family history	of genetic sy	ndromes like Li-Fraumeni		
syndrome)						
□ No						
Not assessed	REASON FOR SOR	PERNING /Peg	uired)			
REASON FOR SCREENING (Required) 3. Indication for initial mammogram (This includes refused mammograms):						
Routine screening ma	· ·	uscu mammo	granisj.			
	_	toms. abnorm	al CBE result	or previous abnormal		
☐ Initial mammogram performed to evaluate symptoms, abnormal CBE result or previous abnormal mammogram result						
		led provider, o	lient referred	I in for diagnostic evaluation:		
	(MM/DD/YYY)			-		
Initial mammogram n	ot done. Date of referral:		(MM/DD/YY)	Y)		
Why was mammogram not	t done? 🗌 Refused 📗 No	t Needed 🗌	Needed but i	not performed		
CLINICAL BREAST EXA	AM (CBE) (Required)	MAMMO	GRAM (If Mai	mmogram Done, Required)		
4. Does client report any al	onormal breast	9. Mammogi	• • •			
symptoms?		Screening Diagnostic				
☐ Yes ☐ No		Unilateral Bilateral				
5. Did client have a CBE?		10. Mammogram date:(MM/DD/YYYY)				
6. CBE date:	· · · · · · ·	11. What were the mammogram results?				
7. If yes, what were CBE re	suits?	☐ Negative (BI-RADS 1)				
Normal examBenign finding (fibroc	vetic changes, diffuse	☐ Benign finding (BI-RADS 2) ☐ Probably benign* (BI-RADS 3)				
lumpiness or nodula	-	Short-term imaging follow up at				
Suspicious finding		☐ 3 mon ☐ 6 mon ☐ Other:				
☐ Discrete palpable mass*		Suspicious abnormality* (BI-RADS 4)				
Bloody or serous nipple discharge*		Highly suggestive of malignancy (BI-RADS 5)				
Nipple or areolar scaliness*		Assessment is incomplete (BI-RADS 0)-				
Skin dimpling or retraction*		Additional Imaging Required*				
8. If no, what was the reason?		Assessment is incomplete (BI-RADS 0)- Film				
Previous normal CBE	Previous normal CBE (past 12 months)		Comparison Required*			
	ther or unknown reason		-	cannot be interpreted		
Refused			eat Mammog	-		
		_	· •	d abnormal, from		
			program fund			
		12. Where w	as the mamn	nogram performed?		
		13. Addition	al breast proc	edures needed for final		

The quires further diagnostic evaluation. The quires further d	*Requires further diagnostic eval	luation.	diagnosis? Yes No				
14. Screening MRI results			*Requires further diagnostic evaluation.				
Required for high risk clients: Yes	DIAGNOSTIC PROCEDURES (if applicable)						
Yes No Procedure date: Procedure date: Procedure date: Procedure date: Procedure facts: Negative (BI-RADS 1) Benign finding (BI-RADS 2) Probably benign indicated (BI-RADS 3) Suspicious (BI-RADS 5) Mown malignancy (BI-RADS 5) Mown malignancy (BI-RADS 5) Mown malignancy (BI-RADS 6) Refused Procedure date: Procedure date: Procedure date: Procedure date: Procedure date: Procedure site: Normal finding (BI-RADS 6) Refused Procedure date: Procedure site: Normal finding (BI-RADS 6) Refused Procedure date: Procedure date: Procedure date: Procedure date: Procedure site: Normal finding (BI-RADS 6) Refused Procedure date: Procedure da	14. Screening MRI results	15. Additional Man	n Views:	16. Ultrasound: Yes No			
Procedure date: Procedure site: Negative (BI-RADS 1) Benign finding (BI-RADS 2) Probably benign indicated (BI-RADS 3) Suspicious (BI-RADS 3) Benign finding (BI-RADS 3) Suspicious (BI-RADS 3) Benign finding (BI-RADS 3) Benign finding (BI-RADS 3) Suspicious (BI-RADS 3) Benign finding (BI-RADS 3) Benign finding (BI-RADS 3) Suspicious (BI-RADS 3) Benign finding (BI-RADS 3) Benign finding (BI-RADS 3) Suspicious abnormality* (BI-RADS 3) Benign finding (BI-RADS 3) Benign finding (BI-RADS 3) Suspicious abnormality* (BI-RADS 3) Benign finding (BI-RADS 3) Suspicious abnormality* (BI-RADS 3) Benign finding (BI-RADS 3)	(Required for high risk clients):	☐ Yes ☐ No		Procedure date:			
Procedure site: Negative (BI-RADS 1)	Yes No	☐ Unilateral ☐ Bilateral		Procedure site:			
Negative (BI-RADS 1)	Procedure date:	Procedure date:		☐ Negative (BI-RADS 1)			
Benign finding (BI-RADS 2)	Procedure site:	Procedure site:		☐ Benign finding (BI-RADS 2)			
Probably benign indicated (BI-RADS 3) Suspicious abnormality* (BI-RADS 3) Suspicious abnormality* (BI-RADS 5) Highly suggestive of malignancy (BI-RADS 5) Highly suggestive of malignancy (BI-RADS 5) Sknown malignancy (BI-RADS 5) Highly suggestive of malignancy (BI-RADS 5) Sknown malignancy (BI-RADS 5) Sknown malignancy (BI-RADS 5) Sknown biopsy-proven malignancy (BI-RADS 6) Refused Sknown biopsy-proven malignancy (BI-RADS 0) Unsatisfactory Refused Sknown biopsy-proven malignancy (BI-RADS 0) Skefused Sknown biopsy-proven malignancy (BI-RADS 0) Sknown biopsy-proven malignancy (BI-	☐ Negative (BI-RADS 1)	Negative (BI-RAI	DS 1)	Probably benign* (BI-RADS 3)			
GB-RADS 3)	Benign finding (BI-RADS 2)	Benign findings	(BI-RADS 2)	Suspicious abnormality* (BI-RADS			
Suspicious (BI-RADS 4) Highly suggestive of malignancy (BI-RADS 5) Known malignancy (BI-RADS 5) Sknown malignancy (BI-RADS 6) Assessment incomplete-Need additional imaging evaluation (BI-RADS 0) Refused 17. Film Comparison for final diagnosis: Yes No Procedure date: 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 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 Mipple or areolar scaliness Skin dimpling or retraction Refused 19. Biopsy/ Lumpectomy: Yes No Procedure date:	Probably benign indicated	Probably benign	* (BI-RADS 3)	4)			
Highly suggestive of malignancy (BI-RADS 5)	(BI-RADS 3)			Highly suggestive of malignancy			
malignancy (BI-RADS 5) Known malignancy (BI-RADS 6) Assessment incomplete-Need additional imaging evaluation (BI-RADS 0) Refused 17. Film Comparison for final diagnosis: Yes No Procedure date: Procedure date: Procedure date: Procedure dite: Procedure dite: No segative (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) No fluid/tissue collected No fluid/tissue collected No fluid/tissue collected Refused 19. Biopsy/ Lumpectomy: Yes No Type of biopsy: Excisional Nonexcisional Procedure date: Procedure date: Procedure date: Procedure date: No fluid/tissue collected No fluid/tissue collected Refused 21. Surgical Consult Ys No Procedure date: Procedure date: Procedure date: Normal flumpertomy: Yes No Type of biopsy: Excisional Nonexcisional Procedure date: Normal breast tissue Hyperplasia OCIS CICIS Invasive cancer Refused	Suspicious (BI-RADS 4)			(BI-RADS 5)			
Known malignancy (BI-RADS 6)	☐ Highly suggestive of	Highly suggestiv	e of	☐ Known biopsy-proven malignancy			
GBI-RADS 0	malignancy (BI-RADS 5)	malignancy (BI	-RADS 5)	(BI-RADS 6)			
Assessment incomplete-Need additional imaging evaluation (BI-RADS 0)	☐ Known malignancy (BI-RADS	Assessment inco	omplete	Refused			
incomplete-Need additional imaging evaluation (BI-RADS 0) Refused Refused	6)	(BI-RADS 0)					
additional imaging evaluation (BI-RADS 0) Refused 17. Film Comparison for final diagnosis: Yes No	Assessment	Unsatisfactory					
evaluation (BI-RADS 0) Refused 17. Film Comparison for final diagnosis: Yes No Procedure date: Procedure date: Procedure site: Not suspicious for cancer No fluid/tissue collected Refused 18. Fine Needle/ Cyst Aspiration: Yes No Procedure date: Procedure date: Procedure site: Normal (WNL) Rends (BI-RADS 1) Renign 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 Normal breast tissue Hyperplasia Other benign changes Atypical Ductal Hyperplasia DCIS Invasive cancer Refused Ultrasound recommended Ultrasound recommended	incomplete-Need	Refused					
Refused 17. Film Comparison for final diagnosis:	additional imaging						
17. Film Comparison for final diagnosis: Yes No	evaluation (BI-RADS 0)						
diagnosis: Yes No Procedure date: Procedure site: Procedure site: Not suspicious for cancer Suspicious for cancer 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 Normal (WNL) Benign finding Discrete palpable mass Bloody or serous nipple discharge Nipple or areolar scaliness Skin dimpling or retraction Refused	Refused						
Yes	17. Film Comparison for final	18. Fine Needle/ Cy	st Aspiration:	20. Repeat CBE: Yes No			
Procedure date: Procedure site: Not suspicious for cancer Subject of Suspicious for canc	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 No fluid/tissue collected Refused No fluid/tissue collected Refused Nipple or areolar scaliness Skin dimpling or retraction Refused 21. Surgical Consult: Ys No Procedure date: Procedure date: Procedure site: Biopsy/FNA No intervention at this time-routine FU Not done/other reason Short term FU Surgery or treatment recommended Refused	Yes No	Procedure date:		Procedure site:			
Negative (BI-RADS 1) Suspicious for cancer Discrete palpable mass Benign finding (BI-RADS 2) No fluid/tissue collected Bloody or serous nipple discharge Probably benign* (BI-RADS 3) Refused Nipple or areolar scaliness 3) Suspicious abnormality* (BI-RADS 4) Yes No Highly suggestive of malignancy (BI-RADS 5) Excisional Nonexcisional Procedure date: Refused Procedure date: (BI-RADS 0) Procedure date: Procedure site: Procedure site: Biopsy/FNA Normal breast tissue Hyperplasia No intervention at this time-routine FU Not done/other reason Short term FU LCIS Surgery or treatment recommended Invasive cancer Invasive cancer Ultrasound recommended Refused Refused	Procedure date:	Procedure site:		Normal (WNL)			
Benign finding (BI-RADS 2) No fluid/tissue collected Bloody or serous nipple discharge Probably benign* (BI-RADS 3) 19. Biopsy/ Lumpectomy: Nipple or areolar scaliness Suspicious abnormality* (BI-RADS 4) Yes No No Type of biopsy: Highly suggestive of malignancy (BI-RADS 5) Excisional Nonexcisional Procedure date: No Type of biopsy: Assessment incomplete (BI-RADS 0) Normal breast tissue Procedure date: Normal breast tissue Hyperplasia No intervention at this time-routine FU Not done/other reason Short term FU Surgery or treatment recommended Ultrasound recommended Invasive cancer Refused	Procedure site:	Not suspicious f	or cancer	Benign finding			
☐ Probably benign* (BI-RADS ☐ Refused ☐ Nipple or areolar scaliness 3) ☐ Suspicious abnormality* ☐ 19. Biopsy/ Lumpectomy: ☐ Refused ☐ Biopsy/ Lumpectomy: ☐ Refused ☐ Refused ☐ Biopsy/ Lumpectomy: ☐ Refused ☐ Refused ☐ Yes ☐ No No ☐ Refused ☐ Type of biopsy: ☐ Excisional ☐ Nonexcisional Procedure date: ☐ Procedure date: Procedure date: Procedure date: Procedure site: ☐ Normal breast tissue ☐ Biopsy/FNA ☐ No intervention at this time-routine FU ☐ Not done/other reason ☐ Atypical Ductal Hyperplasia ☐ Short term FU ☐ DCIS ☐ Surgery or treatment ☐ Invasive cancer ☐ Invasive cancer ☐ Ultrasound recommended ☐ Ultrasound recommended ☐ Ultrasound recommended							
3) Suspicious abnormality* (BI-RADS 4) Highly suggestive of malignancy (BI-RADS 5) Assessment incomplete (BI-RADS 0) Unsatisfactory Refused 19. Biopsy/ Lumpectomy: Yes No Type of biopsy: Excisional Nonexcisional Procedure date: Procedure site: Procedure site: Procedure site: Hyperplasia Other benign changes Atypical Ductal Hyperplasia DCIS LCIS Invasive cancer Refused Skin dimpling or retraction Refused 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			collected				
Suspicious abnormality* 19. Biopsy/ Lumpectomy: □ Refused (BI-RADS 4) □ Yes □ No □ Highly suggestive of malignancy (BI-RADS 5) □ Excisional □ Nonexcisional 21. Surgical Consult □ Ys □ No □ Procedure date: Procedure date: Procedure date: □ Unsatisfactory □ Normal breast tissue □ Biopsy/FNA □ Hyperplasia □ No intervention at this time-routine FU □ Atypical Ductal Hyperplasia □ Not done/other reason □ DCIS □ Short term FU □ Surgery or treatment recommended □ Refused		Refused					
Yes No Type of biopsy: Excisional Nonexcisional Procedure date: Procedure site: Biopsy/FNA No intervention at this time-routine FU Not done/other reason Short term FU Surgery or treatment Refused Re	l ·	40 8: / 1					
Type of biopsy: Highly suggestive of malignancy (BI-RADS 5)			ctomy:	Refused			
malignancy (BI-RADS 5) Assessment incomplete (BI-RADS 0) Unsatisfactory Refused Surgical Consult: Ys No Procedure date: Procedure site: Procedure site: Normal breast tissue Hyperplasia Other benign changes Atypical Ductal Hyperplasia DCIS LCIS 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	· · · · · · · · · · · · · · · · · · ·						
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Unsatisfactory							
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Other benign changes time-routine FU Not done/other reason Short term FU Surgery or treatment recommended Ultrasound recommended Refused Refused	United States of the state of		issue				
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DCIS LCIS Invasive cancer Refused Refused Short term FU Surgery or treatment recommended Ultrasound recommended Refused			_				
LCIS Surgery or treatment recommended Refused Ultrasound recommended Refused				1 =			
☐ Invasive cancer recommended ☐ Refused ☐ Ultrasound recommended ☐ Refused							
Refused Ultrasound recommended Refused		_					
Refused							
		Kerusea					
	WORK-HP STATHS (Required)						

22. Work up status?	23. Status of breast cancer treatment?				
☐ Work-up complete ☐ Deceased	Treatment started				
Irreconcilable Client lost to follow-up	Client lost to follow-up				
(conflicting test Workup refused	Treatment refused				
results)	Treatment not recommended				
24. Date of final diagnosis: (MM/DD/YYYY)	25. Date of treatment status: (MM/DD/YYYY)				
26. Final Diagnosis:	27. Client enrolled in Medicaid for treatment?				
Breast cancer not diagnosed	☐Yes ☐No				
Invasive breast cancer	If no, why not?:				
Ductal carcinoma in situ					
Lobular carcinoma in situ					
Recurrence of prior breast cancer					
CASE SUMMARY	(if applicable)				
28. Stage information:	29. Procedures and treatment (Check all that apply)				
AJCC STAGE: If AJCC stage not available:	SURGICAL PROCEDURES:				
Ductal In Situ – Stage SUMMARY STAGE:	Date: (<i>MM/DD/YYYY</i>)				
0 Local	Lumpectomy/Local excision				
Lobular In Situ – Stage Regional	Simple mastectomy				
0 Distant	Modified radical mastectomy				
Stage I	Radical mastectomy				
Stage II	ADDITIONAL TREATMENT:				
Stage III	Date: (MM/DD/YYYY) Radiation				
Stage IV					
TUMOR SIZE (Maximum dimension): centimeters	Chemotherapy				
NODE DISSECTION/BIOPSY:	Tamoxifen, Raloxifene				
Performed Date:(MM/DD/YYYY)	Other:				
# of nodes examined					
# of nodes positive					
Not performed					
Comments:					
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 Us					
1. Which services were paid by AICAF?	Film comparison				
CBE	Fine needle/cyst aspiration				
Mammogram Mammogram	Biopsy/lumpectomy				
Additional mammogram views	Repeat CBE				
Ultrasound	Surgical consult				