WOMEN'S WAY BREAST DIAGNOSTIC RESULTS

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH PROMOTION & CHRONIC DISEASE PREVENTION
SFN 51772 (2-2023)

For LCU Use Only Navigation Only ☐ Yes ☐ No

Client Name (Last, First)	**Date of Birth**	**Alternate ID Number**
Facility Name	**Provider Name**	**Appointment Date**

☐ **Consultant / Repeat Breast Exam**

Result:
☐ Normal ☐ Benign Finding ☐ Bloody /serous nipple discharge*
☐ Discrete Palp mass - (Dx Benign) ☐ Nipple/areolar scaliness*
☐ Discrete Palp mass - Susp for Cancer* ☐ Skin dimpling /retraction*
☐ Refused ☐ Not done-other/unknown reason

Date Repeat CBE Performed | Date Client Notified

Repeat CBE Paid by *Women's Way*? ☐ Yes ☐ No

Recommended Follow-Up:
☐ Follow Routine Screening Schedule ☐ Short-Term Follow-up mammogram: Number of Months: _____
☐ Additional Mammographic Views ☐ Ultrasound ☐ Surgical Consultation ☐ Fine Needle Aspiration
☐ Repeat Mammogram Immediately ☐ CBE by Consult ☐ Biopsy ☐ MRI

☐ **Additional Views/Diagnostic Mammogram** ☐ **Film Comparison**

Results
☐ BI-RADS 1 Negative Finding ☐ BI-RADS 2 Benign Finding
☐ BI-RADS 3 Probably Benign (Consider Short Term Follow-up)
☐ BI-RADS 4 Suspicious Abnormality (Biopsy should be Considered)*
☐ BI-RADS 5 Highly Suggestive of Malignancy (Take Appropriate Action)*
☐ BI-RADS 6 Known Biopsy - Proven Malignancy*
☐ BI-RADS 0 Assessment Incomplete (Need Additional Imaging)*
☐ Result Unknown - Presumed Abnormal* ☐ Unsatisfactory Film
☐ Result Pending ☐ Film Comparison Required

Date Mammogram or Film Comparison Performed

Date Client Notified of Result

Dx Mammogram Paid by *Women's Way*? ☐ Yes ☐ No

Film Comparison Paid by *Women's Way*? ☐ Yes ☐ No

Recommended Follow-Up:
☐ Follow Routine Screening Schedule ☐ Short-Term Follow-up mammogram: Number of Months: _____
☐ Additional Mammographic Views ☐ Ultrasound ☐ Surgical Consultation ☐ Fine Needle Aspiration
☐ Repeat Mammogram Immediately ☐ CBE by Consult ☐ Biopsy ☐ MRI

☐ **Ultrasound**

Results
☐ BI-RADS 1 ☐ BI-RADS 2
☐ BI-RADS 3 ☐ BI-RADS 4
☐ BI-RADS 5 ☐ BI-RADS 0
☐ BI-RADS 6 ☐ Refused
☐ Not done--other/unknown reason

Date Ultrasound Performed

Date Client Notified of Result

US Paid by *Women's Way*? ☐ Yes ☐ No

Recommended Follow-Up:
☐ CBE by Consult ☐ Surgical Consult ☐ Biopsy
☐ Additional Imaging _____
☐ Fine Needle Aspiration
☐ Follow Routine Screening Schedule
☐ Short-Term Follow-up _____ Number of Months: ____

☐ **MRI**

Results
☐ BI-RADS 1 ☐ BI-RADS 2
☐ BI-RADS 3 ☐ BI-RADS 4
☐ BI-RADS 5 ☐ BI-RADS 0
☐ BI-RADS 6 ☐ Refused
☐ Not done--other/unknown reason

Date MRI Performed

Date Client Notified of Result

MRI Paid by *Women's Way*? ☐ Yes ☐ No

Recommended Follow-Up:
☐ CBE by Consult ☐ Surgical Consult ☐ Biopsy
☐ Additional Imaging _____
☐ Fine Needle Aspiration
☐ Follow Routine Screening Schedule
☐ Short-Term Follow-up _____ Number of Months: ____

☐ **Surgical Consultation**

Results
☐ No Intervention, Routine Follow-Up ☐ Short-Term Follow-Up
☐ Biopsy/FNA Recommended ☐ Refused
☐ Ultrasound Recommended ☐ Surgery or Treatment Recommended
☐ Not done--other/unknown reason

Date Consult Performed

Date Client Notified of Result

Consult Paid by *Women's Way*? ☐ Yes ☐ No

* Additional diagnostic tests required

(Surgical Consultation continued on next page)

Client Name (Last, First)	Date of Birth

Surgical Consultation Recommended Follow-Up:

- ☐ Follow Routine Screening Schedule
- ☐ Short-Term Follow-up mammogram: Number of Months: _____
- ☐ Additional Mammographic Views
- ☐ Ultrasound
- ☐ Surgical Consultation
- ☐ Fine Needle Aspiration
- ☐ Repeat Mammogram Immediately
- ☐ CBE by Consult
- ☐ Biopsy
- ☐ MRI

☐ **Fine Needle Aspiration**

Results

- ☐ Inadequate Sample of Fluid or Tissue
- ☐ Not Suspicious for Cancer / Benign Carcinoma
- ☐ Suspicious for Cancer
- ☐ Refused
- ☐ Not done--other/unknown reason

Date FNA Performed

Date Client Notified of Result

FNA Paid by *Women's Way*?
☐ Yes ☐ No

Recommended Follow-Up:

- ☐ Follow Routine Screening Schedule
- ☐ Short-Term Follow-up mammogram: Number of Months: _____
- ☐ Additional Mammographic Views
- ☐ Ultrasound
- ☐ Surgical Consultation
- ☐ Fine Needle Aspiration
- ☐ Repeat Mammogram Immediately
- ☐ CBE by Consult
- ☐ Biopsy
- ☐ MRI

☐ **Biopsy**

Results

- ☐ Normal Breast Tissue
- ☐ Hyperplasia
- ☐ Other Benign Changes
- ☐ Atypical Ductal Hyperplasia (ADH)
- ☐ Invasive Breast Cancer
- ☐ Lobular CIS
- ☐ Ductal CIS
- ☐ CIS - Other
- ☐ Refused
- ☐ Not done--other/unknown reason

Date Biopsy Performed

Date Client Notified of Result

Biopsy Paid by *Women's Way*?
☐ Yes ☐ No

Recommended Follow-Up:

- ☐ Follow Routine Screening Schedule
- ☐ Short-Term Follow-up mammogram: Number of Months: _____
- ☐ Additional Mammographic Views
- ☐ Ultrasound
- ☐ Surgical Consultation
- ☐ Fine Needle Aspiration
- ☐ Repeat Mammogram Immediately
- ☐ CBE by Consult
- ☐ Biopsy
- ☐ MRI

FINAL DIAGNOSIS RESULTS

- ☐ Cancer Not Diagnosed
- ☐ Cancer Diagnosed*
- ☐ Refused
- ☐ Lost to Follow-up
- ☐ Irreconcilable/Incomplete
- ☐ Other (specify): _____

Date of Final Diagnosis

If cancer diagnosed, complete the following:

Cancer Stage

- ☐ Ductal Carcinoma in Situ (DCIS) - Stage 0*
- ☐ Lobular Carcinoma in Situ (LCIS) - Stage 0*
- ☐ Invasive Breast Cancer*

Tumor Stage

- ☐ Stage I
- ☐ Stage II
- ☐ Stage III
- ☐ Stage IV
- ☐ Stage Unknown
- ☐ Unstaged
- ☐ Summary Local
- ☐ Summary Regional
- ☐ Summary Distant

Tumor Size in CM (use decimal format and largest measurement; example: 1x2.4 = 2.4 cm)

BREAST CANCER TREATMENT STATUS

Treatment Status Date (date treatment plan developed and started)	Treatment Status
	☐ Started ☐ Pending/Unknown ☐ Refused ☐ Lost to Follow-Up

If treatment started, complete the following:

Treatment Provided	Date Provided	Treatment Provided	Date Provided
☐ Lumpectomy		☐ Radiation	
☐ Modified Mastectomy		☐ Chemotherapy	
☐ Modified Radical Mastectomy		☐ Other:	

Treatment Provided By

* Additional diagnostic tests required