



Patient ID: \_\_\_\_\_

Cycle #: \_\_\_\_

**Breast Cancer Diagnosis Data Collection Form**

<b>A. Patient Information</b>					
1a. Last Names	1b. First Name	1c. Initial	2. SSN	3. DOB	4. Age
5a. Postal Address	5b. Municipality	5c. State	5d. Zip Code	6. Phone Number	
7. Provider #	8. Record #	9. Municipality of Diagnosis			
<b>B. Diagnostic Procedures (Mark all that apply)</b>					
10a. Diagnostic Mammography	<input type="radio"/>	10b. Date of Procedure	10c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
11a. Consultant-Repeat CBE	<input type="radio"/>	11b. Date of Procedure	11c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
12a. Fine Needle Aspiration Biopsy	<input type="radio"/>	12b. Date of Procedure	12c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
13a. Surgical Consultation	<input type="radio"/>	13b. Date of Procedure	13c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
14a. Large Core Needle Biopsy	<input type="radio"/>	14b. Date of Procedure	14c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
15a. Open Surgical Biopsy	<input type="radio"/>	15b. Date of Procedure	15c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
16a. Other Breast Procedures:	<input type="radio"/>	16b. Date of Procedure	16c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
<b>C. Diagnosis Information</b>					
17a. Status of Final Diagnosis:					
<input type="radio"/> Work-up Complete	17b. Date of Final Diagnosis:		<input type="radio"/> Lost to Follow Up	<input type="radio"/> Work-up Refused	
18. Final Diagnosis:					
<input type="radio"/> Breast Cancer not Diagnosed/Normal breast Tissue <input type="radio"/> Invasive Breast Cancer <input type="radio"/> Lobular Carcinoma In Situ (LCIS)-(Stage 0) <input type="radio"/> Ductal Carcinoma In Situ (DCIS)-(Stage 0) <input type="radio"/> Hyperplasia <input type="radio"/> Atypical Ductal Hyperplasia (ADH)			<input type="radio"/> Other Final Diagnosis ( <i>Specify</i> ):  		
<b>D. Treatment Information</b>					
19a. Status of Treatment:			20a. Follow-up:		
<input type="radio"/> Treatment Started	19b. Date of Treatment:		<input type="radio"/> 2 years	<input type="radio"/> 1 year	<input type="radio"/> Short-Term
<input type="radio"/> Treatment Pending	<input type="radio"/> Treatment Refused		20b. Specify Short-Term months		
<input type="radio"/> Treatment not Needed	<input type="radio"/> Lost to Follow-up ( <i>includes death</i> )				
21. Comments:					
22. Provider's Name and Signature:					23. Date: