

FORM B: Breast Diagnosis

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| Program Use Only Pt. ID |
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Patient Last Names: _____ First Name: _____

Birth Date

(mm/dd/yyyy)

Provider Name: _____

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| Diagnostic Procedures (Mark all that apply) | |
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|---|--------------------------------|
| <input type="radio"/> Ultrasound | Date of Procedure (mm/dd/yyyy) |
| <input type="radio"/> Diagnostic Mammography / Additional Mammogram Views | Date of Procedure (mm/dd/yyyy) |
| <input type="radio"/> Fine Needle Aspiration Biopsy | Date of Procedure (mm/dd/yyyy) |
| <input type="radio"/> Surgical Consultation | Date of Procedure (mm/dd/yyyy) |
| <input type="radio"/> Large Core Needle Biopsy | Date of Procedure (mm/dd/yyyy) |
| <input type="radio"/> Open Surgical Biopsy | Date of Procedure (mm/dd/yyyy) |
| <input type="radio"/> Other Breast Procedures (Specify): | Date of Procedure (mm/dd/yyyy) |

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| Diagnosis Information |
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| Status of Final Diagnosis: |
| <input type="radio"/> Work-up Complete <input type="radio"/> Lost to Follow Up <input type="radio"/> Work-up Pending <input type="radio"/> Work-up Refused |

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|---|----------------------------------|
| Final Diagnosis: | Date of Final Diagnosis/Imaging: |
| <input type="radio"/> Breast Cancer Not Diagnosed <input type="radio"/> Carcinoma In Situ <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) | _____ (mm/dd/yyyy) |

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| Follow-up: |
| <input type="radio"/> 2 years <input type="radio"/> 1 year <input type="radio"/> Short-Term _____ (months) |

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| Treatment Information |
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|---|------------------------|
| Status of Treatment: | Date Treatment Status: |
| <input type="radio"/> Treatment Started <input type="radio"/> Treatment Not Needed <input type="radio"/> Treatment Pending <input type="radio"/> Lost to Follow-up (includes death) <input type="radio"/> Treatment Refused | _____ (mm/dd/yyyy) |

Comments:

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|------------------------------|--------------|
| Provider's Signature: | Date: |
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