Breast and Cervical Follow-up Form

Last Name _____ First Name _____ Birth Date: _ _ / _ _ / _ _ _ _

Breast Follow-up	**Follow-up CBE Date:**_____	**CBE Results**	**RT**	**LT**
	Facility/Provider:	Normal/Benign	☐	☐
		Abnormal Exam – Suspicious for Cancer	☐	☐

*** Diagnostic Results: Attach copy of all imaging and pathology results to form.**

Diagnostic Mammogram		**Diagnostic Ultrasound**		**Diagnostic MRI**	
Date: _____		Date: _____		Date: _____	
Facility: _____		Facility: _____		Facility: _____	
RT Breast results	**LT Breast results**	**RT Breast results**	**LT Breast results**	**RT Breast results**	**LT Breast results**

Breast Diagnostic Procedures Facility/Provider: _____	Date of Service	**Client Work-Up**
☐ Breast (surgical) consultation		☐ Complete ☐ Pending ☐ Refused ☐ Lost to follow-up
☐ Biopsy: Type		☐ Interrupted (specify): _____
☐ Other procedure:		☐ Seeing non-BC3NP provider
☐ Other procedure:		☐ Other: _____

Breast Final Diagnosis Date: _____	**RT**	**LT**	**Breast Cancer Treatment:**
☐ Not Breast Cancer, Other: _____	☐	☐	☐ Not needed
☐ Invasive Breast Cancer	☐	☐	☐ Treatment start date: _____
☐ Ductal Carcinoma in Situ (not invasive)	☐	☐	Treatment type: _____
☐ Lobular Carcinoma in Situ (not invasive)	☐	☐	☐ Lost to follow-up
			☐ Other ☐ Date MTA sent to V. Tucker: _____

Cervical Follow-up	**HPV Test Date:** _____	**HPV Results**
Comments: _____	Facility/Provider:	☐ Negative ☐ Unknown
_____		☐ **Positive** (+ Genotyping 16 or 18)
_____		☐ Positive (- Genotyping, not 16 or 18)
		☐ **Positive** (Genotyping not done)

*** Cytology/Pathology Results: Attach copy of all pathology results to form**

Pap Test Result Date: _____ Facility: _____	**Cervical Diagnostic Procedures** Facility/Provider: _____	Date of Service
☐ Negative ☐ Infection/Inflammation/Reactive Changes	☐ Cervical Consult	
☐ ASC-US ☐ LSIL	☐ Colposcopy (57452)	
☐ **ASC-H** ☐ **HSIL**	☐ Colposcopy/Biopsy (57455)	
☐ **Atypical Glandular Cells** ☐ **Squamous Cell Carcinoma**	☐ Colposcopy/ECC (57456)	
☐ **Adenocarcinoma**	☐ Colposcopy/Biopsy/ECC (57454)	
☐ **Adenocarcinoma in Situ (AIS)**	☐ Endocervical Curettage (ECC)	
☐ Other: _____	☐ Other Diagnostic Procedure	

Cervical Final Diagnosis Date:	**Cervical Cancer Treatment:**
☐ Not Cervical Cancer, Other:	☐ Not needed
☐ HPV / Condylomata / Atypia ☐ CIN1 (mild dysplasia)	☐ Treatment start date: _____
☐ CIN2 (moderate dysplasia)	Treatment type: _____
☐ CIN3 / CIS (severe dysplasia)	☐ Lost to follow-up
☐ Adenocarcinoma In Situ ☐ Invasive Cervical Cancer	☐ Other ☐ Date MTA sent to V. Tucker: _____

Comments: _____

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