

## **Breast and Cervical Screening Form**

Last Name First Name _							Birtir Bate	9://
Enrollment/Clinic Site:					Office Visit			
					☐ Full—CBE and Pelvic Exam Date:			
Facility/Provider:					☐ Partial Breast–CBE/breast services only			
,					☐ Partial Cervical—Pelvic/Cervical services only			
Clinical Breast Exam Performed					Pelvic Exam Performed			
☐ Yes - Date:					☐ Yes - Date:			
☐ Not Indicated/Omitted/Not Done					☐ Not Indicated/Omitted/Not Done			
☐ Client refused					☐ Client refused			
CBE Results					Pelvic Exam Results			
RT LT Non-BC3NP Referral □ No □ Yes					Non-BC3NP Referral ☐ No ☐ Yes			
□ □ Normal / Benign					☐ Normal Exam, Cervix <b>Present</b> ☐ Normal Exam, Cervix <b>Absent</b>			
	☐ ☐ Abnormal Exam: Suspicious for Cancer:							Comical Canaca
			i Exam: Suspicious i diagnostic procedur		☐ Abnormal Exam, Suspicious for Cervical Cancer:  Refer for diagnostic procedures			
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Breast Cancer Screening								
Breast Imaging Results: Choose the appropriate result (0-8) for <b>each</b> imaging test performed.								
(0-AI) BIRADS 0: Assessment Incomplete—Need Additional In					maging	(4) BIRADS 4: Suspicious Abnormality		
(0-FC) BIRADS 0: Assessment Incomplete–Film Comparison						(5) BIRADS 5: Suggestive of Malignancy		
(1) BIRADS 1: Negative						(6) BIRADS 6: Known Malignancy		
(2) BIRADS 2: Benign Finding						(7) Not Indicated/Omitted/Not Done		
(3) BIRADS 3: Probably Benign Finding  Mammagram  Data:  Hitrasound  Data:						(8) No Show/Unable to Locate Client		
							I Scraaning Miki	
		_		Ultrasound Date:		No.	_	Date: al □ Yes □ No
	Scree	ning [	] Diagnostic	Non-BC3NP referral		No	Non-BC3NP referra	
□ : No	Scree n-BC3	ning [ 3NP referra				No	_	
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