Women's Wellness Connection

BREAST DIAGNOSTIC REPORT

WOMEN'S WELLNESS connection
Connect. Get checked. Be well.

Colorado Department of Public Health and Environment

AGENCY OR SITE #		WWC#		
LAST NAME	FIRST NAME	SSN	DATE OF BIRTH	AGE

DX MAMM / ADDITIONAL VIEWS OR FILM COMPARISON RESULT: DATE PERFORMED:

☐ BI-RADS 1: Negative
☐ BI-RADS 2: Benign
☐ BI-RADS 3: Probably benign
☐ BI-RADS 4: Suspicious abnormality
☐ BI-RADS 5: Highly suggestive of malignancy
☐ BI-RADS 0: Assessment incomplete

LOCATION PERFORMED: MAMMOGRAM TECHNOLOGY: ☐ Digital ☐ Analog FUNDING: ☐ WWC ☐ Other:

BREAST ULTRASOUND RESULT: DATE PERFORMED:

☐ BI-RADS 1: Negative
☐ BI-RADS 2: Benign
☐ BI-RADS 3: Probably benign
☐ BI-RADS 4: Suspicious abnormality
☐ BI-RADS 5: Highly suggestive of malignancy

LOCATION PERFORMED: FUNDING: ☐ WWC ☐ Other:

CONSULTANT OR REPEAT CBE RESULT: DATE PERFORMED:

☐ Normal exam
☐ Benign exam (includes fibrocystic changes, vague nodularity)
☐ Discrete lump, previously dx as benign
☐ Discrete palpable lump, suspicious
☐ Bloody, clear or serous nipple discharge
☐ Nipple or areolar scaliness, rash or color change
☐ Skin dimpling or nipple retraction
☐ Suspicous breast pain

LOCATION PERFORMED: FUNDING: ☐ WWC ☐ Other:

SURGICAL CONSULT RESULT: DATE PERFORMED:

☐ No intervention at this time, routine FUP
☐ Short term FUP
☐ Biopsy, FNA recommended
☐ Surgery, Tx Recommended

LOCATION PERFORMED: FUNDING: ☐ WWC ☐ Other:

BIOPSY RESULT: DATE PERFORMED:

Type: ☐ Excisional ☐ Stereotactic ☐ Ultrasound guided percutaneous core ☐ Ultrasound vacuum assisted

☐ Normal breast tissue
☐ Benign lesion
☐ Atypical lobular or ductal hyperplasia
☐ Lobular carcinoma in situ
☐ Ductal carcinoma in situ
☐ Invasive carcinoma
☐ Other malignant: _____
☐ Other benign: _____
☐ Insufficient sample

LOCATION PERFORMED: FUNDING: ☐ WWC ☐ Other:

OTHER SAMPLING PROCEDURE RESULT: DATE PERFORMED:

Procedure:
☐ Cyst Aspiration
☐ FNA by palpation
☐ FNA ultrasound guided
☐ Ductogram (single)
☐ Ductogram (multiple)
☐ Other* _____ (requires preapproval for coverage)

Result:
☐ Insufficient sample
☐ Not suspicious for cancer
☐ Suspicious for cancer

LOCATION PERFORMED: FUNDING: ☐ WWC ☐ Other:

FOLLOW-UP:

DIAGNOSTIC WORK-UP IS COMPLETE (choose one below):
☐ Return for annual exam
☐ Patient needs short-term follow-up in ____ months
☐ Treatment needed
☐ Further immediate diagnostic tests required

DIAGNOSTIC WORK-UP IS NOT COMPLETE (choose one below):
☐ Lost to follow-up: Date: _____
☐ Refused: Date: _____
☐ Deceased: Date: _____

FINAL DIAGNOSIS: Required 60 days after first abnormal screening. FINAL DIAGNOSIS DATE:

☐ Breast cancer not diagnosed at this time

*Results require treatment!
☐ *Atypical hyperplasia
☐ *Ductal carcinoma in situ (DCIS)
☐ *Non invasive breast cancer
☐ *Invasive breast cancer
☐ *Lobular carcinoma in situ (LCIS)

TREATMENT: Required when Final Diagnosis is abnormal. To be initiated within 60 days of Final Diagnosis TREATMENT DATE:

☐ Treatment pending
☐ Treatment started: Date:_____
☐ Not medically indicated, not needed
☐ Treatment not done (choose one below):
☐ Lost to follow-up: Date: _____
☐ Refused: Date: _____
☐ Deceased: Date: _____

MEDICAID ELIGIBILITY: Required when Final Diagnosis is abnormal. To be initiated within 5 days of Final Diagnosis

☐ Eligible
☐ Not eligible: Reason _____