

MBCHP Visit Form – Part 1 of 2

Site Name: _____

Provider Name: _____

- Please send **Part 1** immediately following the office visit and send **Part 2** when test results are available.
- Be sure to use a new **Part 1** Visit Form every time the client returns for a Routine Screening or Short Term Follow-Up Office Visit

Name: _____ DOB: ____ / ____ / ____
(Last Name, First Name, Middle Initial)

Social Security Number or "A" Number: _____ Date of this visit: ____ / ____ / ____

Please check one: Routine screening visit
 Short -term follow-up visit

CLINICAL BREAST EXAM

Is the client reporting any breast symptoms? Yes No
If yes, type of symptom _____

If exam not done, skip to Mammogram Scheduling section.

Clinical Breast Exam (CBE) not performed at this visit – reason:

- Unable due to clinical/medical reason (CBE due date: ____ / ____ / ____)
- Patient refused
- Discussed but not needed this visit (CBE due date: ____ / ____ / ____)

CBE Results: Negative Findings
 Benign Findings (such as fibrocystic changes, diffuse lumpiness or nodularity)
 Discrete Palpable Mass not suspicious for cancer (i.e., previously worked-up or determined benign)
**Abnormal Exam:
 Nipple or Areola abnormalities
 Skin Dimpling or Retraction
 Discrete Palpable Mass suspicious for cancer
(i.e., cystic or solid masses that have not been evaluated beyond mammography)

Plan: Next routine screening due ____ / ____ / ____
 Short-Term Follow-Up is recommended and will be due ____ / ____ / ____
**Immediate consultation/diagnostic testing is required: Diagnostic Provider: _____
Appointment Date: ____ / ____ / ____

MAMMOGRAM SCHEDULING Mammogram not ordered at this visit

Mammogram scheduled: Mammography facility: _____
Date of Mammogram: ____ / ____ / ____

PELVIC EXAM Pelvic Exam not performed this visit

If applicable, please select one: Patient has complete hysterectomy for benign condition (cervix absent) **
 Patient had supracervical hysterectomy for benign condition (cervix present)
 Patient had hysterectomy for cervical neoplasia (cancer)
** Pap testing is not indicated

Pelvic Exam Results: Cervix normal on exam, next routine screening due ____ / ____ / ____
 Cervical abnormality detected, not suspicious for cancer
**Abnormal Exam:
 Cervical abnormality detected, suspicious for cancer
**Immediate consultation/diagnostic testing is required: Diagnostic Provider: _____
Appointment Date: ____ / ____ / ____

PAP TEST Pap test not performed this visit

Specimen Type Conventional smear
 Liquid based
 Other

MBCHP Visit Form – Part 2 of 2

Site Name: _____

Provider Name: _____

- Please send **Part 2** immediately after test results have been received.
- If results are pending at this time, please update this form with additional information when received and resubmit it to the MBCHP.

Name: _____ (Last Name, First Name, Middle Initial) **DOB:** ____ / ____ / ____
Social Security Number or "A" Number: _____ **Date of this visit:** ____ / ____ / ____

PAP TEST RESULTS

Date of test: ____ / ____ / ____

Please check one: Routine screening
 Short-term follow-up test

Cytology Laboratory: _____

Specimen Type Conventional smear
 Liquid based
 Other

Specimen Adequacy Satisfactory
 Satisfactory but limited (Bethesda 1991 only)
 Unsatisfactory

Results Reported in Bethesda 2001 (Preferred):

- Negative for intraepithelial lesion or malignancy
- Atypical squamous cells of undetermined significance (ASC-US)
- Low grade SIL (including HPV changes)
- **Atypical squamous cells cannot exclude HSIL (ASC-H)
- **High grade SIL
- **Squamous Cell Carcinoma
- **Abnormal Glandular Cells (including Atypical, Endocervical adenocarcinoma in situ and adenocarcinoma)
- Other (specify: _____)

Results Reported in Bethesda 1991:

- Negative (within normal limits)
- Infection/ Inflammation/ Reactive Changes
- Atypical squamous cells of undetermined significance (ASCUS)
- Low grade SIL (including HPV changes)
- **High grade SIL
- **Squamous Cell Cancer
- **Abnormal Glandular Cells (including AGUS and adenocarcinoma)
- Other (specify: _____)
- Unsatisfactory

Plan: Next routine screening due ____ / ____ / ____
 Short-Term Follow-Up is recommended and will be due ____ / ____ / ____
**Immediate consultation/diagnostic testing required: Diagnostic Provider: _____

Appointment Date: ____ / ____ / ____

Request MBCHP Case Management (for assistance in managing patient care)

MAMMOGRAM RESULTS Client was "No Show" for Mammogram

Mammography facility: _____ **Date of Mammogram:** ____ / ____ / ____

Please check one: Routine screening
 Short-term follow-up test

Mammogram Type: Conventional
 Digital

BI-RADS Results: **BI-RAD 0
Assessment is incomplete – need additional imaging evaluation OR Film comparison required
 BI-RAD 1 Negative
 BI-RAD 2 Benign Finding
 BI-RAD 3 Probably Benign – initial short interval follow-up suggested

Abnormal result:

- **BI-RAD 4 Suspicious Abnormality - biopsy should be considered
- **BI-RAD 5 Highly Suggestive of Malignancy – appropriate action should be taken

Plan: Next routine screening due ____ / ____ / ____
 Short-Term Follow-Up is recommended and will be due ____ / ____ / ____
**Immediate consultation/diagnostic testing required. Diagnostic Provider: _____

Appointment Date: ____ / ____ / ____

Request MBCHP Case Management (for assistance in managing patient care)