

Maine Breast and Cervical Health Program (MBCHP)  
**Abnormal Breast Screening Follow-Up Report**

PCP Site: \_\_\_\_\_ Date of abnormal screening exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Name (Last, First, M. I.): \_\_\_\_\_

**REASONS FOR DIAGNOSTIC WORK-UP (check all that apply)**

- Abnormal Mammogram
- Abnormal Clinical Breast Exam (CBE)
- Abnormal CBE with Negative Mammogram
- Client concern
- Primary Care Provider concern

**DIAGNOSTIC PROCEDURES (check all that apply)**

Diagnostic Imaging:

- Additional Mammographic Views Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Provider: \_\_\_\_\_
- Ultrasound Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Provider: \_\_\_\_\_
- Film Comparison Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Provider: \_\_\_\_\_

Final Diagnostic Imaging BI-RAD: \_\_\_\_\_ Date of Final Imaging: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Surgical Consult/Repeat CBE Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Provider: \_\_\_\_\_
- Fine Needle/Cyst Aspiration (FNA) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Provider: \_\_\_\_\_
- Core Needle Biopsy Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Provider: \_\_\_\_\_
  - With ultrasound guidance
  - Stereotactic
- Incisional biopsy Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Provider: \_\_\_\_\_
- Excisional Biopsy /lumpectomy Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Provider: \_\_\_\_\_
  - With needle localization
- Other \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Provider: \_\_\_\_\_

**STATUS OF DIAGNOSIS**

- Work-Up Complete with Recommended Rescreening Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Work-Up Refused (Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_)
- Lost to Follow-Up (Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_)
- Work-Up Irreconcilable with Recommended Rescreening Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FINAL DIAGNOSIS** Date of final diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*\*requires treatment**

- Not diagnosed breast cancer
- Lobular Carcinoma In Situ (LCIS) – Stage 0
- Ductal Carcinoma In Situ (DCIS) – Stage 0\*\*
- Other diagnosis (specify): \_\_\_\_\_
- Invasive breast cancer\*\*
  - Tumor Stage: \_\_\_\_\_
  - Tumor Size: \_\_\_\_\_
- Request MBCHP Case Management for assistance in managing patient care

**TREATMENT**

- Treatment started/will start Treatment Procedure: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Provider: \_\_\_\_\_
- Treatment refused Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Lost to follow-up Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(includes deceased)

NOTES: \_\_\_\_\_  
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