MBCHP Visit Form – Part 1 of 2

Service Location: _____

Provider Name: _____

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

Name: _____ **DOB:** __ __ / __ __ / __ __ __ __ **SSN** or **"A" Number:** _____
(Last Name, First Name, Middle Initial)

Date of Office Visit: ___ ___ / ___ ___ / ___ ___ ___ ___

RISK FOR BREAST CANCER

- ❑ High Risk: woman with BRCA mutation; first-degree relative who is BRCA carrier; lifetime risk ≥20-25% per risk assessment models; radiation treatment to the chest between ages 10-30; personal or family history of genetic syndromes like Li-Fraumeni syndrome.
- ❑ Not High Risk: risk assessed and not determined to be high
- ❑ Risk not assessed; family history not taken; genetic testing not done; risk unknown

Is client reporting any breast symptoms? ❑ Yes ❑ No If Yes, list symptoms_____

CLINICAL BREAST EXAM (CBE)

- ❑ Normal/Benign Findings – schedule for routine CBE in one year
- ❑ Abnormality suspicious for cancer – ***Immediate consultation/diagnostic testing required:***
  Diagnostic Provider: _____
  Appointment Date: ___ ___/ ___ ___/ ___ ___ ___ ___
- ❑ Not performed at this visit

MAMMOGRAM SCHEDULING

❑ Mammogram not ordered at this visit

Scheduled date of mammogram: ___ ___ / ___ ___/ ___ ___ ___ ___ Facility: _____

RISK FOR CERVICAL CANCER

- ❑ High Risk: prior DES exposure and/or immunocompromised
- ❑ Not High Risk: risk assessed and not determined to be high
- ❑ Risk not assessed; family history not taken; genetic testing not done; risk unknown

PELVIC EXAM

- ❑ Cervix Absent: hysterectomy for cervical neoplasia/cancer
- ❑ Cervix Absent: complete hysterectomy for benign condition
- ❑ Cervix Present: partial hysterectomy (supracervical)
- ❑ Pelvic Exam not performed this visit

PELVIC EXAM Result:

- ❑ Normal/Benign Findings – schedule for next routine exam in _____ year(s)
- ❑ Abnormality suspicious for cancer **-** ***Immediate consultation/diagnostic testing required:***
  Diagnostic Provider: _____
  Appointment Date: ___ ___/ ___ ___/ ___ ___ ___ ___

CERVICAL SCREENING

❑ Not performed this visit

❑ Cervical cancer screening performed this visit

MBCHP Visit Form – Part 2 of 2

Service Location: _____

Provider Name: _____

- Please send **Part 2** immediately after Pap/HPV/Mammogram results have been received.

Name: _____ **DOB:** __ __ / __ __ / __ __ __ __ **SSN** or **"A" Number:** _____
(Last Name, First Name, Middle Initial)

Date Cervical Sample Collected: ___ ___/ ___ ___/ ___ ___ ___ ___ **Laboratory:** _____

Method used:
- ❑ **Cytology** (Pap smear alone) with ASC-US Reflex HPV testing…. *[Ages 30-65, every 3 years]*
- ❑ **High-Risk HPV** (hrHPV) **testing alone**…….. *[Ages 30-65, every 5 years]*
- ❑ **Co-testing** (cytology and hrHPV in combination)…… *[Ages 30-65, every 5 years]*

Pap Result

- ❑ Test not performed
- ❑ Negative for intraepithelial lesion or malignancy
- ❑ Infection/inflammation/reactive changes
- ❑ Atypical squamous cells of undetermined significant (ASC-US)
- ❑ Low Grade SIL (including HPV changes)
- ❑ **Atypical squamous cells cannot exclude HSIL
- ❑ **High Grade SIL
- ❑ **Squamous Cell Carcinoma
- ❑ **Atypical Glandular Cells
- ❑ **Adenocarcinoma in situ (AIS)
- ❑ **Adenocarcinoma
- ❑ Other (specify) _____
- ❑ Unsatisfactory

*****Immediate consultation/diagnostic testing required:*** Diagnostic Provider: _____
Appointment Date: ___ ___/ ___ ___/ ___ ___ ___ ___

High-Risk HPV (hrHPV) Result

- ❑ Test not performed
- ❑ Negative
- ❑ Positive with 16 and/or 18 hrHPV genotype
- ❑ Positive with other hrHPV genotypes *(i.e. not 16/18)*
- ❑ Positive with genotype unknown/not determined

Next CERVICAL screening

- ❑ Routine screening __ __ / __ __ / __ __
- ❑ Short-Term Follow-Up __ __ / __ __ / __ __

BREAST SCREENING

MAMMOGRAM ❑ Client was "No Show" for Mammogram

Date Mammogram Performed: _____ /_____/_____ **Facility:** _____

Mammogram Result

- ❑ BI-RADS 1 / Negative
- ❑ BI-RADS 2 / Benign Finding
- ❑ BI-RADS 3 / Probably Benign, short interval follow-up suggested
- ❑ **BI-RADS 0 / Assessment Incomplete – need evaluation OR film comparison
- ❑ **BI-RADS 4 / Suspicious Abnormality – biopsy should be considered
- ❑ **BI-RADS 5 / Highly Suggestive of Malignancy – appropriate action should be taken

*****Immediate consultation/diagnostic testing required:*** Diagnostic Provider: _____
Appointment Date: ___ ___/ ___ ___/ ___ ___ ___ ___

Next scheduled BREAST screening:

- ❑ Routine screening mammogram _____/_____/_____
- ❑ Short-Term mammogram Follow-Up _____/_____/_____
- ❑ Screening MRI (*High Risk only*) _____/_____/_____