



Patient EHR label

# SPIPA

## Native Women's Wellness Program

### Breast Diagnostic Services

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Clinic Location: \_\_\_\_\_ Date of Service: \_\_\_\_\_

MRI Diagnostic     High-Risk Patient MRI Screening

Date Requested: \_\_\_\_\_  
Date of Pre-Authorization: \_\_\_\_\_  
Authorized By: \_\_\_\_\_  
Date Referred: \_\_\_\_\_  
Referral Location: \_\_\_\_\_  
Date Performed: \_\_\_\_\_  
Results Date: \_\_\_\_\_  
Date Pt Notified: \_\_\_\_\_

- Results:**
- Negative (BI-RADS 1)
  - Benign findings (BI-RADS 2)
  - Probably benign (BI-RADS 3)
  - Susp. abnormality (BI-RADS 4)
  - Highly suggof malig.(BI-RADS 5)
  - Known malig. (BI-RADS 6)
  - Assessment incomplete (BI-RADS 0)
  - Unsatisfactory
  - Refused
  - Not done
  - Unknown

- Recommendations:**
- Follow routine screening
  - Short-term follow-up: \_\_\_\_\_ months
  - Additional Views
  - Film Comparison
  - Diagnostic mammogram
  - Ultrasound
  - Biopsy
  - Surgical Consultation
  - CBE Consultation
  - Definitive treatment

**\*\* All program sponsored screening MRIs require prior authorization from SPIPA's NWWP Coordinator or Program Manager\*\***

Additional Mammogram Views     With Film Comparison

Date Requested: \_\_\_\_\_  
Referral Location: \_\_\_\_\_  
Date Referred: \_\_\_\_\_  
Date Performed: \_\_\_\_\_  
Results Date: \_\_\_\_\_  
Date Pt Notified: \_\_\_\_\_

- Results:**
- Negative (BI-RADS 1)
  - Benign findings (BI-RADS 2)
  - Probably benign (BI-RADS 3)
  - Susp. abnormality (BI-RADS 4)
  - Highly suggof malig.(BI-RADS 5)
  - Known malig. (BI-RADS 6)
  - Assessment incomplete (BI-RADS 0)
  - Unsatisfactory
  - Refused
  - Not done
  - Unknown

- Recommendations:**
- Follow routine screening
  - Short-term follow-up: \_\_\_\_\_ months
  - Additional Views
  - Film Comparison
  - Diagnostic mammogram
  - Ultrasound
  - Biopsy
  - Surgical Consultation
  - CBE Consultation
  - Definitive treatment

Ultrasound

Date Requested: \_\_\_\_\_  
Referral Location: \_\_\_\_\_  
Date Referred: \_\_\_\_\_  
Date Performed: \_\_\_\_\_  
Results Date: \_\_\_\_\_  
Date Pt Notified: \_\_\_\_\_

- Results:**
- Negative (BI-RADS 1)
  - Benign findings (BI-RADS 2)
  - Probably benign (BI-RADS 3)
  - Susp. abnormality (BI-RADS 4)
  - Highly suggof malig.(BI-RADS 5)
  - Known malig. (BI-RADS 6)
  - Assessment incomplete (BI-RADS 0)
  - Unsatisfactory
  - Refused
  - Not done
  - Unknown

- Recommendations:**
- Follow routine screening
  - Short-term follow-up: \_\_\_\_\_ months
  - Additional Views
  - Film Comparison
  - Diagnostic mammogram
  - Ultrasound
  - Biopsy
  - Surgical Consultation
  - CBE Consultation
  - Definitive treatment



Patient EHR label

SPIPA Native Women's Wellness Program Breast Diagnostic Services

Biopsy

Date Requested, Referral Location, Date Referred, Date Performed, Results Date, Date Pt Notified

- Results: Negative (BI-RADS 1), Benign findings (BI-RADS 2), Probably benign (BI-RADS 3), Susp. abnormality (BI-RADS 4), Highly suggest of malign. (BI-RADS 5), Known malign. (BI-RADS 6), Assessment incomplete (BI-RADS 0), Unsatisfactory, Refused, Not done, Unknown

- Recommendations: Follow routine screening, Short-term follow-up: \_\_\_ months, Additional Views, Film Comparison, Diagnostic mammogram, Ultrasound, Biopsy, Surgical Consultation, CBE Consultation, Definitive treatment

Surgical Consultation Clinic Breast Exam (CBE) Consultation

Date Requested, Referral Location, Date Referred, Date Performed, Results Date, Date Pt Notified

- Results: Negative (BI-RADS 1), Benign findings (BI-RADS 2), Probably benign (BI-RADS 3), Susp. abnormality (BI-RADS 4), Highly suggest of malign. (BI-RADS 5), Known malign. (BI-RADS 6), Assessment incomplete (BI-RADS 0), Unsatisfactory, Refused, Not done, Unknown

- Recommendations: Follow routine screening, Short-term follow-up: \_\_\_ months, Additional Views, Film Comparison, Diagnostic mammogram, Ultrasound, Biopsy, Surgical Consultation, CBE Consultation, Definitive treatment

Final Diagnosis and Case Management:

Status: Work-up complete, Pending, Refused, Lost to follow up; Final Diagnosis; Date of Final Diagnosis; Staging: Stage I, II, III, IV, Unstaged, Local, Regional, Distant; Treatment: Started, Pending, Not Needed, Refused

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Navigation:

Initial Call Date, Second Call Date, Initial Letter Date, Home Visit Date, Patient Navigator Signature, Date

Notes:

Large empty box for notes