



Patient EHR label

SPIPA

Native Women's Wellness Program

Breast Diagnostic Services

Last Name: _____ First Name: _____ MI: _____ DOB: _____
SSN: _____ Clinic: _____ Service Date: _____

High-Risk Patient MRI Screening

MRI Diagnostic

Date Referred: _____
Referral Location: _____
Date Performed: _____
Results Date: _____
Date Patient Notified: _____

Results:

- Negative (BI-RADS 1)
- Benign findings (BI-RADS 2)
- Probably benign (BI-RADS 3)
- Susp. abnormality (BI-RADS 4)
- Highly sugg of malign.(BI-RADS 5)
- Known malign. (BI-RADS 6)
- Assessment incomplete (BI-RADS 0)
- Unsatisfactory
- Refused

Recommendations:

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

**** All screening MRIs require notification to SPIPA's NWWP Coordinator or Program Manager****

Additional Mammogram Views

With Film Comparison

Date Referred: _____
Date Performed: _____
Results Date: _____
Date Patient Notified: _____

Results:

- Negative (BI-RADS 1)
- Benign findings (BI-RADS 2)
- Probably benign (BI-RADS 3)
- Susp. abnormality (BI-RADS 4)
- Highly sugg of malign.(BI-RADS 5)
- Known malign. (BI-RADS 6)
- Assessment incomplete (BI-RADS 0)
- Unsatisfactory
- Refused

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 Referred: _____
Date Performed: _____
Results Date: _____
Date Patient Notified: _____

Results:

- Negative (BI-RADS 1)
- Benign findings (BI-RADS 2)
- Probably benign (BI-RADS 3)
- Susp. abnormality (BI-RADS 4)
- Highly sugg of malign.(BI-RADS 5)
- Known malign. (BI-RADS 6)
- Assessment incomplete (BI-RADS 0)
- Unsatisfactory
- Refused

Recommendations:

- Follow routine screening
- Short-term follow-up: _____ mo
- 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

Last Name: _____ First Name: _____ MI: _____ DOB: _____
SSN: _____ Clinic: _____ Service Date: _____

Biopsy

Results:

Recommendations:

Date Referred: _____

Date Performed: _____

Results Date: _____

Date Patient Notified: _____

- Normal breast tissue
- Benign findings
- Hyperplasia
- Atypical ductal hyperplasia
- Invasive breast cancer
- Ductal CIS
- Lobular CIS
- Refused

- 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

Results:

Recommendations:

Date Referred: _____

Date Performed: _____

Results Date: _____

Date Patient Notified: _____

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

- 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: Breast Cancer NOT diagnosed Invasive Breast Cancer

Ductal Carcinoma in site (DCIS) Lobular Carcinoma (LCIS)

Date of Final Diagnosis: _____

Staging: Stage I Stage II III IV Unstaged Local Regional Distant

Treatment: Start Date: _____ Pending Not Needed Refused

Provider Signature: _____ Date: _____

Patient Navigation:

Initial Call Date: _____ Initials: _____

Second Call Date: _____ Initials: _____

Initial Letter Date: _____ Certified Letter Date: _____

Home Visit Date: _____ Patient Lost to Follow-up

Patient Navigator Signature: _____ Date: _____

Notes: