



Patient EHR label

SPIPA

Native Women's Wellness Program

Breast Screening Services

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

Breast History Chart Review

Prior Mammogram? No Unknown Yes Date of last mammogram _____
Does Pt Have Breast Symptoms today? Yes No (If yes, order Diagnostic mammogram)

Lifetime Risk Assessment

Breast Cancer Risk: Average High Unknown Not Assessed
Calculated Tyrer-Cuzick (IBIS) model Lifetime Risk _____% (20% or more is considered high risk)

Screening MRI

MRI Order Not indicated Immediately Within 6 months Patient Refused
NWWP notified of Screening MRI Yes No
Referral sent to _____ **Date sent** _____

Clinic Breast Exam (CBE)

Completed Pt Refused Not Indicated Not done-Normal CBE in past 12 months

Results:

- Normal Exam
- Benign findings
- Discrete palpable mass – suspicious for cancer
- Discrete palpable mass – NOT suspicious for cancer
- Bloody/serous nipple discharge
- Nipple/areolar scaliness
- Skin dimpling/retraction

Recommendations:

- Follow routine screening
- Short-term follow-up: _____ months
- Diagnostic Mammogram
- Ultrasound
- Biopsy
- Surgical Consultation

Initial Mammogram

Screening Diagnostic Refused

Results:

- Negative (BI-RADS 1)
- Benign findings (BI-RADS 2)
- Probably benign (BI-RADS 3)
- Suspicious abnormality (BI-RADS 4)
- Highly suggestive of malignancy (BI-RADS 5)
- Known malignancy (BI-RADS 6)
- Assessment incomplete (BI-RADS 0)
- Unsatisfactory (re-order screening)

Recommendations:

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

Date Referred: _____
Date Performed: _____
Results Date: _____
Date Pt Notified: _____

Case Management

Work up Status: DX Work-up planned DX Work-up not planned
Provider Signature _____

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: _____

Case Management Notes