MONTANA
Department of Public Health & Human Services

Abnormal Breast and Cervical Findings

MONTANA
BREAST & CERVICAL HEALTH PROGRAM

Client Name (Last, First, MI): _____ ☐ Revised Form

Social Security Number:_____-_____-_____Date of Birth ____/____/_____Site:_____

Procedure	Date	Results
Diagnostic Mammogram (Additional Mammographic Views)	_____/_____/_____	☐ Negative (1) ☐ Suspicious Abnormality (4) ☐ Benign (2) ☐ Highly suggestive of malignancy (5) ☐ Probably Benign (3) ☐ Assessment Incomplete (0)
Ultrasound	_____/_____/_____	☐ Normal: probably benign ☐ Abnormal: suspicious for cancer
Surgical Consult, Repeat breast exam	_____/_____/_____	☐ Normal: probably benign ☐ Abnormal: suspicious for cancer
Fine needle biopsy/Cyst aspiration	_____/_____/_____	☐ Normal: probably benign ☐ Abnormal: suspicious for cancer
Incisional Biopsy	_____/_____/_____	☐ Normal: probably benign ☐ Abnormal: suspicious for cancer
Excisional Biopsy	_____/_____/_____	☐ Normal: probably benign ☐ Abnormal: suspicious for cancer
Colposcopy directed biopsy, ECC	_____/_____/_____	☐ Normal: probably benign ☐ Abnormal: suspicious for cancer
Diagnostic LEEP/Conization	_____/_____/_____	☐ Normal: probably benign ☐ Abnormal: suspicious for cancer
Other - List: _____	_____/_____/_____	☐ Normal: probably benign ☐ Abnormal: suspicious for cancer

Breast Findings

Final diagnosis:
- ☐ Cancer not diagnosed
- ☐ Cancer, in-situ - LCIS
- ☐ **Cancer, in-situ - DCIS**
- ☐ **Cancer, invasive**

Stage at diagnosis: **required for invasive cancer**
- ☐ AJCC Stage I
- ☐ AJCC Stage II
- ☐ AJCC Stage III
- ☐ AJCC Stage IV
- ☐ Unknown / Unstaged

Tumor size: **required for invasive cancer**

☐ 1cm ☐ 4cm ☐ 7cm
☐ 2cm ☐ 5cm ☐ _____
☐ 3cm ☐ 6cm ☐ Unknown

Cervical Findings

Final diagnosis:
- ☐ Normal/benign/inflammation
- ☐ HPV/Condylomata/Atypia
- ☐ Mild dysplasia/CIN I (bx dx)
- ☐ Low Grade SIL (bx dx)
- ☐ **High Grade SIL** (bx dx)
- ☐ **Moderate dysplasia/CIN II** (bx dx)
- ☐ **Severe dysplasia/CIN III/Carcinoma in situ**(bx dx)
- ☐ **Invasive Cervical Carcinoma** (bx dx)
- ☐ Other - List: _____

Stage at diagnosis: **required if invasive cancer**
- ☐ AJCC Stage I
- ☐ AJCC Stage II
- ☐ AJCC Stage III
- ☐ AJCC Stage IV
- ☐ Unknown / Unstaged

Complete for Breast and /or Cervical Findings

Status of final diagnosis: **date is required**

☐ Work-up complete
Date of final diagnosis: _____/_____/_____

☐ Work-up refused Date: _____/_____/_____
☐ Lost to follow-up Date: _____/_____/_____

Comments:_____

_____

_____

Status of treatment: **required for bolded final diagnoses**

☐ Started Date: _____/_____/_____
☐ Refused Date: _____/_____/_____
☐ Lost to follow-up Date: _____/_____/_____

Next screening or follow-up due: _____/_____
Month Year

Provider's signature:_____

Print provider's name:_____