Illinois Breast and Cervical Cancer Program
Screening Mammogram Report

Name: _____

Cornerstone #: _____ **Birth Date:** ___/___/_____(mm/dd/yyyy)

Screening Information:	**Previous Screening Mammogram:**

Screening Information:

CBE: Date ____/____/_____(mm/dd/yyyy)

Provider: _____ **Result**: _____

☐ **High risk for breast cancer** (screening MRI required)

Previous Screening Mammogram:

Date ____/____/_____ (mm/dd/yyyy)

Provider: _____ Result: _____

Provider: _____ Result: _____

Indications for Initial Mammogram (Lead Agency use only)

☐ Routine screening (IM1)
☐ Initial mammogram performed to evaluate symptoms (including non-cyclic breast pain) – positive CBE results or previous abnormal mammogram (IM2)
☐ Initial mammogram done outside of program –referred in for diagnostic evaluation (IM3)
  Referral date: ____/____/_____(mm/dd/yyyy) (Lead Agency use only) **Provider:** _____
☐ Initial mammogram not done –only received CBE or proceeded directly for other imaging or diagnostic work up (IM4)
☐ Unknown (IM9)

Date of mammogram: ___/____/_____**(mm/dd/yyyy)**

Mammogram results (77063, 77065, 77066, 77067, G0279)
L R
☐ ☐ Negative - BI-RADS 1 (M1)
☐ ☐ Benign finding - BI-RADS 2 (M2)
☐ ☐ Probably benign – short term F/U - BI-RADS 3 (M3)

(A result of BI-RADS 3 should not be used unless there has been a completed diagnostic work up prior to this screening cycle.)

Date of screening MRI: ___/___/_____ (mm/dd/yyyy)

Screening MRI results (77046, 77047, 77048, 77049)
L R
☐ ☐ Negative - BI-RADS 1 (M1)
☐ ☐ Benign finding - BI-RADS 2 (M2)
☐ ☐ Probably benign – short term F/U - BI-RADS 3 (M3)
☐ ☐ Screening MRI not done (M8)
☐ ☐ Known Malignancy - BI-RADS 6 (M14)

Diagnostic (mammogram/MRI) follow-up required:

L R
☐ ☐ Suspicious abnormality – biopsy - BI-RADS 4 (M4)
☐ ☐ Highly suggestive of malignancy - BI-RADS 5 (M5)
☐ ☐ Assessment incomplete – BI-RADS 0 (M6)
☐ ☐ Results unknown, presumed abnormal mammogram from non-program funded source (M11)
Y N
☐ ☐ Film comparison required - BI-RADS 0 (Y/N) (M13)
If Yes, **Film Comparison Date:** ___/____/_____(mm/dd/yyyy)
Film Comparison Result
  ☐ Negative - BI-RADS 1 (FC1)
  ☐ Benign finding - BI-RADS 2 (FC2)
  ☐ Probably benign – short term F/U - BI-RADS 3 (FC3)
  ☐ Suspicious abnormality – biopsy – BI-RADS 4 (FC4)
  ☐ Highly suggestive of malignancy – BI-RADS 5 (FC5)
  ☐ Film comparison pending (FC8)
  ☐ Assessment incomplete additional evaluation needed- BI-RADS 0 (FC9)

Radiologist's Assessment:
☐ Rescreen in 1 year (RB1)
☐ Routine rescreen beginning at age 40 (RB2)
☐ Follow-up rescreen in 6 months (RB3)

Further Diagnostic Work-Up Required
☐ Diagnostic mammogram or additional views (RB4)
☐ Ultrasound (RB5)
☐ Repeat breast exam/surgical consultation (RB6)
☐ Fine needle or cyst aspiration (RB7)
☐ Biopsy (RB8)
☐ Other procedure _____ (RB9)

Comments:

Patient notified of results: _____/ _____/ _____(mm/dd/yyyy) **Next screening date:** _____/_____/_____(mm/dd/yyyy)

PLEASE ATTACH COPIES OF REPORTS

Provider Signature: _____ **Date:** _____

Nurse Clinical Patient Navigator Signature: _____ **Date:** _____