Section A. Breast Screening History Data

Breast Symptoms? (self-reported) ( ) 1. Yes ( ) 2. No
Prior Mammogram? ( ) 1. Yes ( ) 2. No If yes, Date: ____________________________

Section B. Breast Screening Data

Clinical Breast Exam (CBE) performed at this visit?
Yes, (CBE Results): ( ) 1. Normal ( ) 2. Abnormal
CBE Date: ____________________________ (MM/DD/YYYY)
No, ( ) 3. CBE not needed ( ) 4. CBE needed, but not performed (refused)

Mammogram ordered at this visit?
( ) 1. Yes ( ) 2. No If yes, Date Referred into KWCSP: ____________________________
MM DD YYYY

Mammogram performed by outside provider or other program:
( ) 1. Yes ( ) 2. No If yes, Date Referred into KWCSP: ____________________________
MM DD YYYY

Section C. Mammogram Results Data

Mammogram Results (BI-RADS):
If BI-RADS 0, was Prior Film Comparison Required? ( ) 1. Yes ( ) 2. No
Date of Mammogram: ____________________________ (MM/DD/YYYY)
Diagnostic procedures (Work-up) planned:
( ) 1. Yes ( ) 2. No ( ) 3. Not yet determined.

Section D. Breast Diagnostic (Work-up Planned Procedures)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Yes</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diagnostic Mammogram (Additional Views)</td>
<td></td>
<td></td>
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<tr>
<td>2. Ultrasound</td>
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<tr>
<td>3. Film Comparison</td>
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<tr>
<td>4. Surgical Consult</td>
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<tr>
<td>5. Fine Needle/ Cyst Aspiration</td>
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<tr>
<td>6. Breast Biopsy/Lumpectomy</td>
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<tr>
<td>7. Other Diagnostic procedures</td>
<td></td>
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<tr>
<td>7a. Other Diagnostic (report CPT code)</td>
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<tr>
<td>7b. Other Diagnostic (report CPT code)</td>
<td></td>
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</tr>
</tbody>
</table>

Section E. Breast Diagnostic/Follow-up Data

1. Status of Breast Diagnosis:
   ( ) 1. Work-up complete*
   ( ) 2. Work-up pending
   ( ) 3. Lost to follow-up*
   ( ) 4. Work-up refused*
   *Date of final diagnosis required
   ( ) 5. Treatment not needed*
   *Date of treatment required

2. Date of Final Diagnosis:
   MM DD YYYY

Section F. Cervical Screening History Data

Cervix Present? ( ) 1. Yes ( ) 2. No (Do not report vaginal Pap test data)

Section G. Cervical Diagnostic (Work-up Planned Procedures)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Colposcopy with Biopsy and/or ECC</td>
<td></td>
</tr>
<tr>
<td>2. Colposcopy without Biopsy</td>
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</tr>
<tr>
<td>3. Loop Electrode Excision Procedure (LEEP)</td>
<td></td>
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<tr>
<td>4. Endocervical Curettage alone (ECC)</td>
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<tr>
<td>5. Cold Knife Cone</td>
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<tr>
<td>6. GYN Consult</td>
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<tr>
<td>7. Others Diagnostic procedures</td>
<td></td>
</tr>
<tr>
<td>7a. Other Diagnostic (report CPT code)</td>
<td></td>
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<tr>
<td>7b. Other Diagnostic (report CPT code)</td>
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</tr>
</tbody>
</table>

Section H. Cervical Diagnostic/Follow-up Data

1. Status of Cervical Diagnosis:
   ( ) 1. Work-up complete*
   ( ) 2. Work-up pending
   ( ) 3. Lost to follow-up*
   ( ) 4. Work-up refused*
   *Date of final diagnosis required
   ( ) 5. Treatment not needed*
   *Date of treatment required

2. Date of Final Diagnosis:
   MM DD YYYY

3. Final Cervical Diagnosis:
   ( ) 1. Normal/ Benign reaction/ Inflammation
   ( ) 2. HPV/ Condylomata/ Atypia
   ( ) 3. CINI/ Mild dysplasia (biopsy diagnosis)
   ( ) 4. CINII/ Moderate dysplasia (biopsy diagnosis)
   ( ) 5. CINIII/ Severe dysplasia/ Carcinoma in Situ (stage 0)
   ( ) 6. Invasive Cervical Carcinoma (biopsy diagnosis)
KENTUCKY WOMEN’S CANCER SCREENING PROGRAM DATA COLLECTION FORM

The following information is RECOMMENDED to be collected on ALL women with an Abnormal PAP/CBE/Mammogram regardless of age.

BREAST CANCER RISK FACTORS

Date counseled on breast cancer risks MM / DD / YYYY

___ Female age 40 or older
___ 1st degree relative (mother, sister, daughter) with breast cancer prior to age 50
___ Personal history of breast cancer
___ Personal history of benign breast condition
___ Menarche prior to age 12
___ Menopause after age 52
___ No pregnancies or 1st pregnancy after age 30
___ Obesity and/or high fat diet

CERVICAL CANCER RISK FACTORS

Date counseled on cervical cancer risks MM / DD / YYYY

___ History of HPV and/or cervical dysplasia
___ Smoker
___ Intrauterine exposure to DES
___ Intercourse prior to age 18
___ History of 3 or more sex partners in lifetime
___ Partner with many sex partners or a partner with cervical dysplasia/cancer
___ HIV/AIDS positive or
___ History of two or more sexually transmitted infections in lifetime
___ Other Immuno-compromised condition

Date of Annual/Initial Exam: MM / DD / YYYY

CBE: Normal ________ Abnormal_________ PAP Test: Normal__________ Abnormal__________ Result______________

Date of Mammogram: MM / DD / YYYY

Result: BI-RADS classification or N/A

PATIENT NOTIFICATION OF ABNORMAL RESULTS

___ Telephone Call Date & Response ________________________________________________________________________
___ Letter #1 Date & Response ________________________________________________________________________
___ Certified Letter Date & Response ________________________________________________________________________
___ Home Visit Date & Response ________________________________________________________________________
___ Face to Face Date & Response ________________________________________________________________________

BREAST & PAP DIAGNOSTIC AND TREATMENT PROCEDURES

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>DATE OF PROCEDURE</th>
<th>DATE RECORDS RECEIVED</th>
<th>FINDINGS and FOLLOW-UP PLANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Mammogram</td>
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<tr>
<td>Ultrasound</td>
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<tr>
<td>Surgical or GYN Consult</td>
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<tr>
<td>Breast Biopsy/Aspiration</td>
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<td>Lumpectomy/Mastectomy</td>
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<tr>
<td>Chemotherapy/Radiation</td>
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<tr>
<td>Colposcopy &amp; Biopsy</td>
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<tr>
<td>Endometrial Biopsy</td>
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<tr>
<td>Cryotherapy or LEEP</td>
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<tr>
<td>Cold knife cone/Hysterectomy</td>
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</table>

Next PAP Due ________________________ Next Mammogram Due ________________________

Nurse Case Manager: ____________________________

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