Illinois Breast and Cervical Cancer Program

Screening Mammogram Report

Name: ____

Cornerstone #: _______________________________________ **Birth Date:** ___________________________

Screening Information:
CBE: Date ____/____/_____(mo./date/yr.)
Provider:_________________________ Result:___________

Previous Screening Mammogram:
Date ___/___/_____ (mo./date/yr.)
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: ___/___/___ (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: ___/____/_____

Mammogram results (77055, 77056, 77057, G0202, G0204, G0206)

L R

- ☐ ☐ Negative - BI-RADS 1 (M1)
- ☐ ☐ Benign finding - BI-RADS 2 (M2)
- ☐ ☐ Probably benign – short term F/U - BI-RADS 3 (M3)
  (If this is the 1st mammogram as an IBCCP client, you must proceed to diagnostic testing)
- ☐ ☐ Unsatisfactory (M7)

Diagnostic 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)
- ☐ ☐ Film comparison required - BI-RADS 0 (Y/N) (M13)
  If Yes, **Film Comparison Date: ___/____/_____**
  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)
  - ☐ Unsatisfactory – (FC7)
  - ☐ 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: _______/ _____/ _____ **Next screening date: _____/_____/_____**

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Provider Signature: ____ **Date:** _____________________

Case Manager Signature: ___________________________________ **Date:** _____________________