

Client Name: _____ DOB: _____

PROVIDER: _____ CLINIC: _____ DOS: _____

MEDICAL HISTORY

CERVICAL HEALTH HISTORY: Have you ever had a Pap test? Yes No Unknown
 If yes, was your last Pap test more than 5 years ago? Yes No Unknown
 Date of last Pap test (mm/dd/yyyy) _____ Results Normal Abnormal Unknown
 Hysterectomy? Yes No If Yes, was it for CIN II/III or cervical cancer? Yes No Don't Know

BREAST HEALTH HISTORY: Have you had a screening mammogram BEFORE enrollment in BCCHP? Yes No Unknown
 If yes, date of prior screening mammogram (mm/dd/yyyy) _____ Results Normal Abnormal Unknown

Do you identify as? Heterosexual Lesbian Bi-Sexual Transgender Do you have sexual contact with? Men Women Both
 Do you have a disability? Yes No If Yes, does this disability make accessing BCCHP services difficult? Yes No
 Type of disability Mobility / physical Hearing Visual Developmental Other (specify) _____

LMP (Date) _____ Post – Menopausal? Yes No

OTHER HEALTH INFORMATION BMI _____ Current smoker Referred to Tobacco Quit Line

BREAST HEALTH HISTORY

AGES 40-64	Identified Risk Factors for Breast Cancer (check if yes):	
	<input type="checkbox"/> Has your mother, sister, or daughter ever had breast cancer?	<input type="checkbox"/> Have you ever had breast cancer?
	<input type="checkbox"/> Do you have any pre-malignant biopsy history?	<input type="checkbox"/> Never given birth or first birth after age 30?
	Has any relative on either side of your family had <u>breast</u> cancer before they were 50 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has any relative on either side of your family had <u>ovarian</u> cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of your male relatives ever had breast cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CERVICAL HEALTH HISTORY

AGES 40-64	Identified Risk Factors for Cervical Cancer (check if yes):	
	<input type="checkbox"/> Abnormal Pap history	<input type="checkbox"/> History of HPV <input type="checkbox"/> HIV Positive

BREAST EXAM/SCREENING

AGES 40-64	BREAST: Client Reports Breast Symptoms <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify _____
	CBE Performed: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why <input type="checkbox"/> Not Indicated / Not Needed <input type="checkbox"/> Other / Unknown <input type="checkbox"/> Refused
	CBE Results: <u>Normal/Benign</u> <input type="checkbox"/> Normal Exam <input type="checkbox"/> Benign Finding (specify) _____ <input type="checkbox"/> Implants <input type="checkbox"/> Absent Breast(s)
	<u>Suspicious for Breast Cancer</u> (*Diagnostic work-up required) <input type="checkbox"/> *Discrete Palpable Mass – Suspicious for Cancer <input type="checkbox"/> *Bloody or serous spontaneous nipple discharge <input type="checkbox"/> *Nipple or areolar scaliness <input type="checkbox"/> *Skin changes (dimpling, retraction, redness, swelling, heat)
	Indication for Mammogram: <input type="checkbox"/> Routine Screen <input type="checkbox"/> Evaluate symptoms, positive CBE, or previous abnormal mammogram <input type="checkbox"/> Referred by non-BCCHP provider for diagnostic evaluation
	Mammogram not done: <input type="checkbox"/> CBE only or direct for other imaging / diagnostic workup <input type="checkbox"/> Not needed / other <input type="checkbox"/> Refused
	Refer for Mammogram <input type="checkbox"/> Yes, Referred to _____
	*Diagnostic Work-up Plan <input type="checkbox"/> Biopsy <input type="checkbox"/> Cyst Aspiration <input type="checkbox"/> Diagnostic Mammogram <input type="checkbox"/> Fine Needle Aspiration <input type="checkbox"/> Surgical Consultation / Repeat Breast Exam <input type="checkbox"/> Ultrasound <input type="checkbox"/> Breast Smear <input type="checkbox"/> Glactogram
	*A mammogram (or additional mammographic views) is not sufficient evaluation of an abnormal CBE. Palpable breast masses need to be evaluated clinically and/or with additional imaging regardless of mammogram result.

