BREAST AND CERVICAL CANCER PATIENT NAVIGATION

CLIENT CONTACT INFORMATION				MBCIS # ____________
Last Name *		**First Name ***		M.I.
Date of Birth *		Social Sec. Number		
Street Address		Apt / PO		City
State *		Zip *		**County ***
E-mail Address				
Phone Number *	Ext.	* □ Home □ Work □ Cell □ Other ________ □ OK to Text?		

RACE & ETHNICITY * *"Select all that apply"* — Are you **Hispanic** or **Latino**? □ Yes □ No □ Unknown □ Prefer Not to Answer

□ White □ Black/African American □ Asian □ American Indian/Alaskan Native □ Unknown/Did not Answer
□ Native Hawaiian/Other Pacific Islander □ Arab/Middle Eastern □ Prefer Not to Answer □ Other ____________

FIRST Contact Date:

Type of Contact: □ Face-to-Face □ Telephone □ Email □ Voicemail □ Text □ US Mail □ Other____________

* □ **Permission to Receive Navigation Services Obtained?**

□ Referred to BC3NP? Date:

OBSTACLES (BARRIERS) TO GETTING SCREENING IDENTIFIED *(At Least One Must Be Checked)*

□ Trouble scheduling appointments □ No health care provider □ Difficulty getting time off work
□ Insurance Issues □ Transportation □ Family Care Issues □ Language/Translation
□ Needs education on screening and/or diagnostic procedures □ Other______________________________

LAST Contact Date:

Type of Contact: □ Face-to-Face □ Telephone □ Email □ Voicemail □ Text □ US Mail □ Other____________

CLINICAL SERVICES COMPLETED

FOR CANCER PATIENT ONLY: CHECK IF UNABLE TO OBTAIN SCREENING RESULTS □ Mammogram □ Pap Test
□ Results abnormal, unable to obtain from Non-BC3NP provider Date Enrolled in MTA:

Mammogram Date: □ **Not Due/Done**

□ Screening □ Diagnostic
□ BIRADS 0: **Assessment Incomplete – Need Additional Imaging**
□ BIRADS 0: **Assessment Incomplete – Film Comparison Ordered**
□ BIRADS 1: Negative
□ BIRADS 2: Benign Finding
□ BIRADS 3: Probably Benign Finding
□ BIRADS 4: **Suspicious Abnormality**
□ BIRADS 5: **Highly Suggestive of Malignancy**
□ **Unsatisfactory** – To Be Repeated
Rescheduled Date:
□ Not Indicated/Omitted/Not Done/Not Due
□ No Show/Unable to Contact Client
(3 tries/certified letter)

Diagnostic Services Completed:

□ N/A □ No □ Refused □ Cannot Locate
□ Yes – Breast (Date completed):
□ Yes – Cervical (Date completed):

Navigation Complete? □ Yes □ *No *(*state reason below)*

□ Did not complete Screening/Diagnostic services
□ Cannot Locate □ Refused
□ *Other: ____________________________

Comments:

HPV Test Date: □ **Not Due**

□ **Positive** (High Risk (16, 18)) □ Positive (Not 16, 18)
□ **Positive** (Genotyping Unknown)
□ Negative for High Risk HPV □ Unknown

Pap Test Date: □ **Not Due**

□ Negative for Intraepithelial Lesion or Malignancy
□ Infection/Inflammation/ Reactive Changes
□ ASC-US □ LSIL (Including HPV Changes)
□ **ASC-H** □ **HSIL**
□ **Atypical Glandular Cells** □ **Squamous Cell Carcinoma**
□ **Adenocarcinoma** □ **Adenocarcinoma In Situ (AIS)**
□ **Unsatisfactory** – To Be Repeated
Rescheduled Date:
□ Other: ______________________________
□ No Show/Unable to Contact Client *(3 tries/certified letter)*

Final Diagnosis: □ N/A □ Not Cancer

□ Breast Cancer: □ Invasive □ DCIS □ LCIS
□ Cervical Cancer: □ Invasive □ CIN 3/CIS □ CIN 2 □ CIN 1
Diagnosis Date:
Treatment Start Date:
Treatment paid by client's insurance? □ Yes □ No
Client enrolled in BC3NP MTA? □ Yes □ No

Navigator Name	Date Form Completed

Fax Completed form, results and permission to receive services to Tory Doney at **(517) 763-0290**. *Reviewed July 2021*