American Indian Cancer Foundation's
Screen Our Circle

Documentation of Breast Clinical Services

Last Name:	First Name:	MI:	Maiden Name:
Clinic:	☐ New Screen ☐ Follow-Up ☐ Rescreen		Enrollment #:

FAMILY HISTORY *(Required)*

1. Has genetic testing for breast cancer been done? ☐ Yes ☐ No ☐ Unknown
2. Is the client considered high risk for breast cancer?
   - ☐ Yes (e.g. client has a BRCA mutation, a first-degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between ages 10-30, or person of family history of genetic syndromes like Li-Fraumeni syndrome)
   - ☐ No
   - ☐ Not assessed

REASON FOR SCREENING *(Required)*

3. Indication for initial mammogram **(This includes refused mammograms)**:
   - ☐ Routine screening mammogram
   - ☐ Initial mammogram performed to evaluate symptoms, abnormal CBE result or previous abnormal mammogram result
   - ☐ Initial mammogram done by a non-program funded provider, client referred in for diagnostic evaluation: Date of referral: _____ (*MM/DD/YYYY*)
   - ☐ Initial mammogram not done. Date of referral: _____ (*MM/DD/YYYY*)

Why was mammogram not done? ☐ Refused ☐ Not Needed ☐ Needed but not performed

CLINICAL BREAST EXAM (CBE) *(Required)*

4. Does client have any abnormal breast symptoms?
   ☐ Yes ☐ No
5. Did client have a CBE? ☐ Yes ☐ No
6. CBE date: _____ (*MM/DD/YYYY*)
7. If yes, what were CBE results?
   - ☐ Normal exam
   - ☐ Benign finding (fibrocystic changes, diffuse lumpiness or nodularity)
   - ☐ Suspicious finding
   - ☐ Discrete palpable mass*
   - ☐ Bloody or serous nipple discharge*
   - ☐ Nipple or areolar scaliness*
   - ☐ Skin dimpling or retraction*
8. If no, what was the reason?
   - ☐ Previous normal CBE (past 12 months)
   - ☐ CBE not performed, other or unknown reason
   - ☐ Refused

***Requires further diagnostic evaluation.**

MAMMOGRAM *(Required)*

9. Mammogram type:
   ☐ Screening ☐ Diagnostic
   ☐ Unilateral ☐ Bilateral
10. Mammogram date: _____ (*MM/DD/YYYY*)
11. What were the mammogram results?
    - ☐ Negative (BI-RADS 1)
    - ☐ Benign finding (BI-RADS 2)
    - ☐ Probably benign* (BI-RADS 3)
    - ☐ Short-term imaging follow up at ☐ 3 mon ☐ 6 mon ☐ Other:
    - ☐ Suspicious abnormality* (BI-RADS 4)
    - ☐ Highly suggestive of malignancy (BI-RADS 5)
    - ☐ Assessment is incomplete (BI-RADS 0)- Additional Imaging Required*
    - ☐ Assessment is incomplete (BI-RADS 0)- Film Comparison Required*
    - ☐ Unsatisfactory, film cannot be interpreted (Repeat Mammogram)
    - ☐ Unknown, presumed abnormal, from non-program funded source
12. Additional breast procedures needed for final diagnosis?
    ☐ Yes ☐ No

***Requires further diagnostic evaluation.**

SCREENING MRI *(Required only for high risk clients)*	**AICAF Use only**
13. Screening MRI results: ☐ Yes ☐ No Procedure date: _____ (*MM/DD/YYYY*) Procedure site: _____ (*MM/DD/YYYY*) ☐ Negative (BI-RADS 1) ☐ Benign finding (BI-RADS 2) ☐ Probably benign indicated (BI-RADS 3) ☐ Suspicious (BI-RADS 4) ☐ Highly suggestive of malignancy (BI-RADS 5) ☐ Known malignancy (BI-RADS 6) ☐ Assessment incomplete-Need additional imaging evaluation (BI-RADS 0) ☐ Refused	14. Which services were paid by AICAF? ☐ CBE ☐ Mammogram ☐ Additional mammogram views ☐ Ultrasound ☐ Film comparison ☐ Fine needle/cyst aspiration ☐ Biopsy/lumpectomy ☐ Repeat CBE ☐ Surgical consult
Form Completed: _____ (*MM/DD/YYYY*)	**Form Completed by:**