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□ Procend history of breast cancer: no fixs assessment is required, and appropriate surveillance guideline should be followed. □ CEE Date:			
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High (frome arrow of the items below are true, no further risk assessment is required, and appropriate high-risk screenes hourse to below a fouried by and and appropriate high-risk screenes hourse below are relatively (frome arrows and high-risk screenes) Including incl			
a) memory provides appropriate ingritory approximation of provides appropriate ingritory approximation of provides approximation of provides approximation of provides approximation frequency approximation (CDF). >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	5		
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accinoma in stu; (DCIS), of atypical ductal hyperplasia (ADH) If synchromic (a, L), L+Fraumeni) Personal or athing sensity control of carefula genetic synchromes (a, L), L+Fraumeni) Palpable mass Caludated tifetime ranks of 20% or more for developing breast cancer ranks of 20% or more for developing breast cancer or developing breast or developing	□ Had radiation treatment to chest between ages 10-30 years	MARK POSITIVE FINDINGS BELOW AND S	SHOW LOCATION AND SIZE ON BREAST DIAGRAM
Palpable mass Palpabl			
If none of the items above are true, complete a breast cancer isk assessment tool to calculate the pression scients' lifetime risk of 20% or more for developing breast cancer based on risk assessment model. Ureful RISK =			
Calculated in provide subscripting breast cancer Spontaneous? No Yes Calculated lifetime risk of weighting breast cancer based on risk assessment model: theret means that base house to encode the provide lifetime risk assessment model: theret means that base house to encode the provide lifetime risk assessment model: theret means that base house to encode the provide lifetime risk assessment model: theret means risk atus ashould be reassessed provide lifetime risk assessment model: theret means risk assessment model: theret means risk atus ashould be reassessed provide lifetime risk assessment model: theret means risk assessment means risk assessment means risk risk assessment model: theret means risk assessmeans reace means assessment means reace means assessment means rea			Bilateral (
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Unknown >> reason: Biodory _ No _ Yes 2. Currently lactating (breastfeeding)? _ No _ Ves' >> How Long? No _ Yes 3. Breast symptoms reported by client? _ No _ Ves' >> How Long? No _ Yes *Clinical breast exam (CBE) may be performed per clinician preference, but when there are symptoms. a CBE is required to guide potential referal do diagnostic envices. Asymmetrical trickening or nodularity DUCTORRAL CHEST WALL IORSY, XALLARY LYMPH NODE BIOPSY. PA Date: _ / / Approved by: _ / / Approved by: _ at BC CERVICAL SECTION: All individuals must be assessed for their cervical cancer risk using the criteria in #1 below to guide appropriate screening. 1. Cervical cancer risk status: life allocop website: https://www.mhmetim.org/houtlohd/schibe/od CURRENT CERVICAL EXAM RESULTSINFORMATION; if Pag and/or HPy High (histor) d envical cancer, had in due to BE expose, and/or is munucompromised (e.g., HV posity) Gureen today' D No _ Ves >> Pap Test Date: _ / / 1. Cervical cancer, inst status: ind a locop CDR expose, and/or is munucompromised (e.g., HV posity) Gureen today' D No _ Ves >>> Pap Test Date: _ / / 1. High histor of one screening association of No Ves >>> Date of last Pap test: _ / / If yes, is today's Pap test to follow-up a previous abnormal Pap test? 2. Ever had a Pap test before today? _ No _ Yes No _ Ves >>> Pap Test Date: _ / / If Pap test not done today, complete reason(s) below: 9. Intracervical cancery ? _ No _ Yes No _ Yes >>>> Pap Test		• If yes: Color?	
2. Currently lactating (breastfeeding)? No Yes 3. Breast symptoms reported by client? No Yes* >> How Long? Single Duct? No Yes 1! yes, describe: Sinchanges (peur dorange, erythems, nipple excortation, scaling, eszema, skin ulcent symptoms, a CBE is required to guide potential referral tor diagnostic ervices: and rege 30. Web Rect ToxAntON (PA) RECOURED FOR: Hich Resk Reck TACANCER SCREENING RERKST NRI), BREAST NRI), BR		Bloody? 🗌 No 🔲 Yes	
3. Breast symptoms reported by client? No Yes* >> How Long? Asymetrizita bickening or nodularity If yes, describe: **Alhough NCCN Suidalines* may recommend dignostic evaluation and follow-up for thos sunder age 30. the BCC Program cannot reimburse for these services for average risk year of the service is the service of a verage risk year of the service is the service of a verage risk year of the service is the service of a verage risk year of the service is the service of a verage risk year of a verage risk wear of the intervent of the revical cancer risk using the criteria in #1 below to guide appropriate screening. 1. Cervical cancer risk status: ind at loce DES exposus, and/or is minneomorpromised (e, NP verage) Monowin >> sexace: / If yes, is today > Pa bet of envican a verage risk warm ware risk? risk of the revical cancer risk using the criteria in #1 below to guide appropriate screening. 2. Ever had a Pap test leftore today? No Ves >>> Date of last Pap test: / If yes, is today s Pap test to follow-up a previous abnormal Pap test: / If yes, is today of a verage risk worm ware revise? 3. Pregnant now? No Yes >>> bysterectomy for cervical cancer? No Yes >>> belat of last Pap test: / If Pap test nod done today, complete reason for test below: 1. Current USPTF cervice cancer screening recommendations for average risk worm with normal result are screening wit		Single Duct? 🗌 No 🗌 Yes	
**Clinical breast exam (CBE) may be performed per clinician preference, but when there are symptoms, a CBE is required to guide potential releral for diagnostic services. **Although NCCN Guidelines* may recommend diagnostic evaluation and follow-up for those services for average risk peop under age 30, the BCC Program cannot reimburss for these services for average risk peop under services are average risk peop under services. PRICR AUTHORIZATION (PA) REQUIRED FOR: HIGH RISK BREAST CANCER SCREENING (LE., SCREENING BREAST WORK-UP F AGE 30-39 YEARS, DIAGNOSTIC MRI, MAMMARY DUCTORAM, CHESY WALL BIOPSY, AULLARY LYMPH NODE BIOPSY. PA Date: 1 / Approved by:	3. Breast symptoms reported by client? No Yes* >> How Long?		-
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PRIOR AUTHORIZATION (PA) REQUIRED FOR: HIGH RISK BREAST CANCER SCREENING (I.E., SCREENING BREAST WORK-UP IF AGE 30-39 YEARS, DIAGNOSTIC MRI, MAMMARY PUCTOGRAM, CHEST WALL BIOPSY, AXILLARY LYMPH NODE BIOPSY. PA Date: / Approved by:			
DUCTOGRAM, CHEST WALL BIOPSY, AXILLARY LYMPH NODE BIOPSY. PA Date: / / Approved by:			÷
1. Cervical cancer risk status: info at BCCP website: https://www.nmhealth.org/about/phd/pchblod/ CURRENT CERVICAL EXAM RESULTS/INFORMATION: If Pap and/or HPV test done, must attach copy of cytology report with claim to request reimbursement. Above Average (patient has history of CIN2 or greater but does not meet 'high' risk criteria above) Average Unknown >> REASON: E. Ever had a Pap test before today? No Yes >>> Date of last Pap test: I ("uwsue or boxt: wur revorce assr oues not worm ware reader LAT PAP Pregnant now? No Yes >>> bysterectomy? No Yes >>> bysterectomy for carvical cancer? No Yes >>> bysterectomy for carvical cancer? No Yes servening with patiest alone (primary HPV testing) every 5 years, or screening with both a Pap test: Prior AutHORIZATION (PA) REQUIRED FOR: CERVICAL DIAGNOSTIC EXCISIONAL PROCEDURES (EL, EEP, COLD-KNIFE CONIZATION), FURTHER EVALUATION OF VISIBLE CERVICAL LESIO MALP ROCEDURES (EL, EEP, COLD-KNIFE CONIZATION), FURTHER EVALUATION OF VISIBLE CERVICAL LESIO MALP ROCEDURES (EL, EEP, COLD-KNIFE CONIZATION), FURTHER EVALUATION OF VISIBLE CERVICAL LESIO Primary Screening Whore by eass and/or cervical cancers for additional breast and/or cervical cancer screening Pap test: I Primary Screening Pap test: I<	DUCTOGRAM, CHEST WALL BIOPSY, AXILLARY LYMPH NODE BIOPSY. PA Date: /	/ Approved by:	at BCC
□ Initial (initial			
Above Average (patient has history of CIN2 or greater but does not meet "high" risk criteria above) Pap test done today? No Yes >>> Pap Test Date: 1 1 Yerage Unknown >> REASON:			
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Current USPSTF cervical cancer screening recommendations for average risk women with normal results are: screening with Pap test alone every 3 years for ages 21-65 years; or, for ages 30-65 years, screening with high-risk HPV test alone (primary HPV testing) every 5 years, or screening with both a Pap test and HPV test together (co-testing) every 5 years. If HPV test done today, complete reason for test below: PRIOR AUTHORIZATION (PA) REQUIRED FOR: CERVICAL DIAGNOSTIC EXCISIONAL PROCEDURES (I.E., LEEP, COLD-KNIFE CONIZATION), FURTHER EVALUATION OF VISIBLE CERVICAL LESIO WHEN PAP TEST RESULT IS NORMAL, AND POST CERVICAL CANCER SURVEILLANCE. PA Date: // Approved by:			Yes >>> HPV Test Date: / /
results are: screening with Pap test alone every 3 years for ages 21-65 years; or, for ages 30-65 years, screening with high-risk HPV test alone (primary HPV testing) every 5 years, or screening with both a Pap test and HPV test together (co-testing) every 5 years.		If HPV test done today, complete r	reason for test below:
Pape test and HPV test together (co-testing) every 5 years. Reflex (follow-up after abnormal screening Pap test) PRIOR AUTHORIZATION (PA) REQUIRED FOR: CERVICAL DIAGNOSTIC EXCISIONAL PROCEDURES (I.E., LEEP, COLD-KNIFE CONIZATION), FURTHER EVALUATION OF VISIBLE CERVICAL LESIO WHEN PAP TEST RESULT IS NORMAL, AND POST CERVICAL CANCER SURVEILLANCE. PA Date: // Approved by:	results are: screening with Pap test alone every 3 years for ages 21-65 years; or, for ages 30-65 years,	Co-test (in combination with screening	Pap test)
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Referral/Order for: Appointment date: / Referencia/Orden para: Fecha de la cita: / / Time: Facility: Doctor: Hora: Clínica: Médico: Address: Phone: () Dirección: Teléfono: () Referral/Order for: Appointment date: Referencia/Orden para: Fecha de la cita: / /	REFERRAL/ORDERS: Use the space below to complete referral/orders for additional breat	ast and/or cervical cancer screening and/or dia	ignostic services within the BCCP Provider Network
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