

Health Systems Change Clinic Patient Navigation Card for Abnormal Breast and/or Cervical Screening



PROVIDER NOTE: Based on navigation services provided, appropriate information must be completed.

Medical Record #: _____ Client Date of Birth: ____/____/____ Gender: Female Male

Client Zip Code: _____ Is client Hispanic/Latina(o) origin? Yes No Unknown

What is the client's race?:
American Indian/Alaska Native Tribe _____ Black/African American
Mexican American White Asian
Pacific Islander/Native Hawaiian Unknown Other _____

Does client have insurance?: Yes No
 If yes, is it:
Medicare (for people 65+) Part A and B Part A only
Medicaid (full coverage for self) Healthcare Insurance Marketplace
Private/Employer Insurance

Abnormal Breast Screening

Navigation Guidelines: Women 21 to 74

Screening Test Date: ____/____/____

- Screening Mammogram Diagnostic Mammogram
Clinical Breast Exam MRI-High Risk

Screening Results:

- Suspicious Abnormality Highly Suggestive
Assessment Incomplete

Diagnostic Tests Recommended:

- Biopsy Cyst Aspiration
Diagnostic Mammogram Ultrasound
MRI

Final Diagnosis:

- Cancer-Invasive Not Cancer
Lobular Carcinoma In-Situ Ductal Carcinoma In-Situ
Atypical Hyperplasia Recurrence

Final Diagnosis Date: ____/____/____

Treatment Start Date: ____/____/____

Structural Barrier Support Assessed and Provided:

- Transportation Interpretation
1:1 Accompaniment Child/Elder Care
Extended Hours 1:1 Education
Partnership Referral Partnership Payment

CONTACT #1: ____/____/____ By: _____

NOTES:

CONTACT #2: ____/____/____ By: _____

NOTES:

Clinician Name (PRINT full name-do not abbreviation)

Clinic Name (PRINT full name-do not abbreviate)

Abnormal Cervical Screening

Navigation Guidelines: Women 21 to 74

Screening Test Date: ____/____/____

- Pap test with HPV Pap test alone
HPV test alone

Screening Results:

- ASC-US/+HPV Low-grade SIL
High-grade SIL Low-grade SIL w/+HPV
AGC Low-grade SIL w/-HPV
Squamous Cell High Risk HPV
ASC-H ASC-H w/+HPV

Diagnostic Tests Recommended:

- Colposcopy with Biopsy Colposcopy without Biopsy
Diagnostic LEEP Other _____

Final Diagnosis:

- Normal/Benign HPV/Condylomata/Atypical
CIN I/Mild Dysplasia CIN II/Moderate Dysplasia
CIN III/Severe Dysplasia/Carcinoma
Invasive Cervical Carcinoma

Final Diagnosis Date: ____/____/____

Treatment Start Date: ____/____/____

Structural Barrier Support Assessed and Provided:

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Extended Hours 1:1 Education
Partnership Referral Partnership Payment

CONTACT #1: ____/____/____ By: _____

NOTES:

CONTACT #2: ____/____/____ By: _____

NOTES:

Central Office Use Only:

- Approved for Data Entry _____

Send completed form to: Fax: 402-471-0913

Email: dhhs.EWM@nebraska.gov