

# Appendix 5: Program Material Examples Continued

## 1. HOPI TRACKING DOCUMENT — CANCER SUPPORTIVE SERVICES, BREAST/CERVICAL CANCER SCREENING PROGRAM, APPOINTMENT SCHEDULING AND CLOSE OUT FORM. PAGE 1 OF 3



H.O.P.I. CANCER SUPPORTIVE SERVICES – BREAST/CERVICAL CANCER SCREENING PROGRAM

### Appointment Scheduling and Close Out Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient scheduled for:  WW  CBE  Mammo  CBE/Mammo

_____ <b>apt date:</b> _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ <b>apt date:</b> _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ <b>apt date:</b> _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ <b>apt date:</b> _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ <b>apt date:</b> _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____

Close out date: \_\_\_\_\_

Reason:  Patient showed  Patient non-compliant (DNKA's)  
 Deceased  Unable to locate (i.e.: moved, no longer at address provided)  
 Patient will call program when ready to be scheduled  
 Patient chooses to withdraw from program: reason (i.e.: getting services elsewhere, not interested, etc.): \_\_\_\_\_

Hopi BCCEDP Staff Member Name: \_\_\_\_\_

# Appendix 5: Program Material Examples Continued

## 1. HOPI TRACKING DOCUMENT — WOMEN’S HEALTH PROGRAM, BREAST DIAGNOSTIC & TREATMENT FORM. PAGE 2 OF 3



### H.O.P.I. WOMEN’S HEALTH PROGRAM Breast Diagnostic & Treatment Form (Case Management)

Provider: \_\_\_\_\_ IHS Chart #: \_\_\_\_\_

#### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date: \_\_\_\_\_

#### Diagnostic Procedures

**Instructions:** Use the following codes to complete the table below for all diagnostic procedures that have been performed, refused, or are pending.

**Status:** 1 - Procedure Performed  
2 - Procedure Pending  
3 - Procedure Refused

**Results:** 1 - Within Normal Limits  
2 - Abnormal  
3 - Indeterminate

Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	

#### Diagnostic Disposition

Disposition of Diagnostic Procedure(s):

- Work Up Complete
- Work Up Pending
- Lost to Follow Up
- Reason: \_\_\_\_\_
- Diagnostic Work Up Refused

Date of Diagnostic Disposition: \_\_\_\_\_

Final Diagnosis:

- Cancer, Invasive
- Breast Cancer Not Diagnosed
- Lobular Carcinoma In Situ (LCIS)
- Ductal Carcinoma In Situ (DCIS)

Stage at Diagnosis:

- AJCC Stage I
- AJCC Stage II
- AJCC Stage III
- AJCC Stage IV
- Summary Local
- Summary Distant
- Unknown

Tumor Size:

- 0 <= 1 cm
- >.1 <= 2 cm
- >2 <= 5 cm
- > 5 cm
- Unknown

#### Treatment Disposition

**Complete This Section Only If Client Is Diagnosed With Breast Cancer**

Disposition of Treatment:

- Treatment Initiated
- Treatment Pending
- Lost to Follow Up
- Treatment Refused
- Treatment Not Needed

Date of Treatment Disposition: \_\_\_\_\_

Type of Treatment: \_\_\_\_\_

Facility Where Treatment Was Initiated:

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date of Client’s Next Breast Screening: \_\_\_\_\_

Breast Cycle Disposition:

- Complete
- Incomplete

Clinician’s Signature: \_\_\_\_\_

# Appendix 5: Program Material Examples Continued

## 1. HOPI TRACKING DOCUMENT — WOMEN'S HEALTH PROGRAM, CERVICAL DIAGNOSTIC & TREATMENT FORM. PAGE 3 OF 3



### H.O.P.I. WOMEN'S HEALTH PROGRAM Cervical Diagnostic & Treatment Form (Case Management)

Provider: \_\_\_\_\_ IHS Chart #: \_\_\_\_\_

#### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date: \_\_\_\_\_

#### Diagnostic Procedures

**Instructions:** Use the following codes to complete the table below for all diagnostic procedures that have been performed, refused, or are pending.

**Status:** 1 - Procedure Performed  
2 - Procedure Pending  
3 - Procedure Refused

**Results:** 1 - Within Normal Limits  
2 - Abnormal  
3 - Indeterminate

Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	

#### Diagnostic Disposition

Disposition of Diagnostic Procedure(s):

- Work Up Complete
- Work Up Pending
- Lost to Follow Up
- Reason: \_\_\_\_\_
- Diagnostic Work Up Refused

Date of Diagnostic Disposition: \_\_\_\_\_

Final Diagnosis:

- Normal/Benign Reaction
- HPV/Condylomata/Atypical
- CIN I/Mild Dysplasia
- CIN II/Moderate Dysplasia
- CIN III/Severe Dysplasia/Carcinoma In Situ
- Invasive Cervical CArcinoma
- Other: \_\_\_\_\_
- Low Grade SIL (Biopsy Diagnosis)
- High Grade SIL (Biopsy Diagnosis)

Stage at Diagnosis:

- Stage I
- Stage II
- Stage III
- Stage IV
- Summary Local
- Summary Regional
- Summary Distant
- Unknown/Unstaged

#### Treatment Disposition

**Complete This Section Only If Client Is Diagnosed With Cervical Cancer**

Disposition of Treatment:

- Treatment Initiated
- Work Up Pending
- Lost to Follow Up
- Treatment Refused
- Treatment Not Indicated

Date of Treatment Disposition: \_\_\_\_\_

Type of Treatment: \_\_\_\_\_

Facility Where Treatment Was Initiated:

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date of Client's Next Pap Screening: \_\_\_\_\_

Cervical Cycle Disposition:

- Complete
- Incomplete

Clinician's Signature: \_\_\_\_\_