

**INSTRUCTIONS FOR USE  
TAKE CHARGE!  
FOLLOW-UP, DIAGNOSTIC, and TREATMENT FORM  
FOR BREAST AND CERVICAL CANCER  
ODH Form No. 274C**

**Purpose:** These forms are used to document workup activities for Take Charge! clients with abnormal breast or cervical cancer screening results. These forms provide space for the documentation of up to four procedures and results, and thus provide evidence of complete and timely follow-up of abnormalities. Simultaneously, the forms serve as data collection mechanisms to meet the minimum data elements (MDE) of the program-funding source: The Centers for Disease Control and Prevention.

**Use:** The forms are used to document any procedures done for workup of **abnormal findings** for **all** clients who received screening services through the Take Charge! Program.

**Print firmly and legibly when completing this form.**

**Instructions:**

<b>1. Circle One</b>	Circle whether this form is for Breast or Cervical Cancer follow-up.
<b>PART 1 DEMOGRAPHICS</b>	
<b>2. Name: (Last, First, MI, Maiden)</b>	Enter the client's last name, first name, middle initial, and previous/maiden names in the spaces provided. If no middle name or initial, enter NONE.
<b>3. Date of Birth:</b>	Enter the client's eight (8)-digit date of birth. MM/DD/YYYY
<b>4. Screening Location:</b>	Enter either the clinic four (4) digit OSDH site number, or the Chronic Disease Service Pap smear clinic site number for the location of the initial clinical services.
<b>5. Screening Date:</b>	Enter the date of the initial screening as it appears on the screening form 274A. (Ref. The abnormal finding leading to these additional procedures.)
<b>PART 2 PROCEDURES</b>	
<b>1. Procedures:</b>	Check the name of the procedure. <b>IMPORTANT:</b> Report only one procedure per section. The responses for Breast Cancer: additional mammography views, biopsy, fine needle aspiration, ultrasound, MRI or surgical consult. The responses for Cervical Cancer: Colposcopy, Cone, GYN consult, Hysterectomy, LEEP, or other biopsy.
<b>2. Date Requested</b>	Enter the date the provider contacted the facility to arrange the recommended procedure for the client (e.g. referrals, surgical consultation).
<b>3. Location (facility)</b>	List name of facility providing the procedure.
<b>4. Date Performed</b>	Enter date procedure was performed in MM/DD/YYYY format.
<b>5. Paid by</b>	Check appropriate box (Take Charge! Or Medicaid). <b>If any part of the screening is paid by Take Charge!, write the Voucher number on the line. IMPORTANT: This form must ALSO be completed for abnormal findings/diagnostics/treatment "not paid" by Take Charge!</b>
<b>6. Results</b>	Write results of procedure as written on report from provider using Bethesda (Cervical) or BI-RADS (Breast) classification if applicable. <b>**See Bethesda and BI-RADS classification at end of instructions.</b>



<b>7. Date Results Received</b>	Enter the date or the estimated date the Take Charge! client was informed of the results.
<b>8. Recommendation and timing</b>	Write the recommendation as written on the report and the timing (e.g. Repeat mammogram in 6 months).
<b>9. Date Client Notified:</b>	Enter date client was notified of the results of the procedure in MM/DD/YYYY format.
<b>PART 3</b>	<b>DIAGNOSTIC EVALUATION STATUS</b>
<b>1. Final Diagnosis</b>	Check if the procedures resulted in a diagnosis of breast or cervical cancer. (If cancer was diagnosed attach a copy of the surgical pathology report if available.)
<b>2. Status of the diagnostic evaluation?</b>	Check the box that corresponds to the status of the client's diagnostic follow-up.
<b>3. Date of diagnosis:</b>	Enter the date of the definitive procedure that indicated Cancer or Not Cancer. This date should not be the date of the results, date provider received the results or date the patient was notified. The date can be date of a biopsy, ultrasound, or surgical consultation.
<b>4. Treatment Status: What is the treatment status?</b>	Check the box corresponding to the client's treatment status for breast or cervical cancer. Enter the date that treatment was initiated, refused, or the client was lost to follow-up or deceased. Provider must document three (3) contact attempts to validate "Lost to Follow Up".
<b>5. Date treatment started:</b>	Enter the date of the first treatment procedure (surgery, chemotherapy, radiation) in MM/DD/YYYY format.
<b>6. Next Mammogram / Pap Due</b>	For tracking and follow-up purposes the provider may use this area to document the date next screening/follow-up is due.
<b>PART 4</b>	<b>CLINICIAN VERIFICATION</b>
<b>1. Clinician Signature and Date</b>	The clinician who screened the patient is to sign his/her <b>name</b> , professional <b>title</b> , and the <b>date</b> in the space provided. If the form is completed by another person other than the clinician that provided the care they must also sign and date the form, underneath the examiner's signature.
<b>3. Print Name</b>	Print the name and title of the clinician who screened the patient.
<b>2. Medicaid Number</b>	Enter the Medicaid number if the client has Medicaid.

\* **Routing and Filing:** The record is provided in a 2 page, NCR (No Carbon Required) format. The white copy of the 274C, (**Follow-Up, Diagnostic and Treatment Form**), is retained by the provider, as part of the clients' permanent records. The yellow copy of the 274C (**Follow-Up, Diagnostic and Treatment Form**) is submitted only after all follow-up, diagnostic, and treatment status is known and results documented on the form. Both copies must be signed and dated by the person completing the form. Attach copies of all laboratory reports from biopsy or surgery.

\*\* BI-RADS classification reference: Negative (1), Benign (2), Probably Benign (3), Suspicious Abnormality (4), Highly suggestive of Malignancy (5), Assessment Incomplete (0), Unsatisfactory, Not Needed, Needed not Performed/Refused, Unknown, Presumed Abnormal, and Done recently elsewhere.

\*\* Bethesda classification reference: Negative, Adenocarcinoma, AGUS, ASCUS, Done recently elsewhere and non-funded, High grade SIL, Inf/Inflam/React changes, Low Grade SIL/HPV, Needed but not performed, Negative, Not done-other unknown reason, not needed, other, refused, result pending, result unknown (presumed abnormal), squamous cell carcinoma, or unsatisfactory.