Washington State Department of Health

DOH 140-174 Jan 2018

**SPOKANE REGIONAL HEALTH DISTRICT**
**PHONE 509-323-2851 FAX 509-324-1599**
**WWW.SRHD.ORG**

Breast, Cervical and Colon Health Program
Saving Lives Through Early Detection

# Breast Cancer Treatment Program Tracking Form

Please Print Clearly

| Client Last Name | Client First Name | MI | Social Security Number: | Date of Birth: |
|---|---|---|---|---|
| BCCHP Prime Contractor: SPOK | BCCHP ID # | | Provider One #: | |
| Primary Care Provider Name: | Enrolling Clinic Name : | | Clinic Chart #: | |

## Breast Diagnosis Date: _____ ___________

1. ☐ **Unspecified Benign Dysplasia* -** Dx code:**N60.99**
   (* Unspecified Benign Dysplasia is not a qualifying diagnosis *for AEM/ERSO)*
2. ☐ **Carcinoma in situ (CIS) of breast – Right Side (Choose one from the options below)**
   - ☐ **Lobular CIS, right -** Dx code: **D05.01**
   - ☐ **Intraductal CIS, right -** Dx code: **D05.11**
   - ☐ **Other CIS, Specified right -** Dx code: **D05.81**
   - ☐ **Other CIS, Unspecified right -** Dx code:**D05.91**
3. ☐ **Carcinoma in situ (CIS) of breast – Left Side (Choose one from the options below)**
   - ☐ **Lobular CIS, left -** Dx code: **D05.02**
   - ☐ **Intraductal CIS, left-** Dx code: **D05.12**
   - ☐ **Other CIS, Specified left -** Dx code: **D05.82**
   - ☐ **Other CIS, Unspecified left-** Dx code: **D05.92**
4. ☐ **Malignant Neoplasm – Right Side -** Dx code: **C50.911**
5. ☐ **Malignant Neoplasm – Left Side -** Dx code: **C50.912**
6. ☐ **Metastatic disease** **Site of Metastatic Disease**________________________

## Current Treatment Plan - Breast

☐ **Office Visit to initiate staging and treatment plan Appointment Date:**__________________________________

☐ **Chemotherapy Start Date:**______________________________ **End Date:**________________________________

☐ **Radiation Start Date:**_____________________________ **End Date:** _______________________________

☐ **Surgery:** ☐ **Excision** ☐ **Lumpectomy Date of Surgery:**___________________________________________

☐ **Surgery: Mastectomy:** ☐ **Modified** ☐ **Radical Date of Surgery:** ____________________________________

☐ **Surgery: Reconstruction* Date of Surgery:** _____________________ *(* reconstruction not available for AEM/ERSO)*

☐ **Endocrine therapy: Prescription Name :** _____________________________

**Start date of Endocrine therapy:** ___________________ **Proposed end date:** ___________________________

**Treatment Status:** _____________ **Current Tx start date:** ______________ **Tx complete date:** ___________________

**Tx suspended date:** ___________________ ☐ **Declines/refuses Tx** ☐ **Lost to follow-up** (left area, missed appts)

**Treatment Comments / Follow-up Plan:**

**Provider (signature):** ___________________________________**Date:**______________ **NPI #** _____

**Provider Name (print):** __ _______________ **Phone:**__________________ **Medicaid #** __

## FOR BCCHP CASE MANAGER USE:

☐ **AEM/ERSO eligible only**
☐ **New enrollment**
☐ **Renewal – client continues active treatment**
☐ **Other:**__________________________________________

☐ **No longer eligible for BCCTP (S30):**
- ☐ **All cancer treatment completed**
- ☐ **Now eligible for Apple Health**
- ☐ **Now eligible for Medicare**
- ☐ **Has other Creditable Insurance**
- ☐ **Moving out of state to:** _____
- ☐ **Renewal forms not completed**

**BCCHP Case Manager:**

**Name & Email: Elisa Collins ecollins@srhd.org**

**Phone: 509-323-2851 Fax: 509-324-1599**

**Case Manager Signature:** ________________________________________________ **Date:** _____

For persons with disabilities, this document is available on request in other formats. To submit a request, call 1-800-525-0127 (TDD/TTY call 711).