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|---------------------------|-----------------------|
| Client Name: | Date of Birth: |
| Patient Navigator: | Agency: |

Breast Health Screening Pathway

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| <p style="text-align: center;">Initiation</p> <p>Any patient in need of an annual mammogram or with a breast health issue.</p> | <hr/> <p style="text-align: center;">Start date</p> |
| <p>Provide mammography education to individual regarding importance of mammogram, what to expect, how to prepare for appointment, and answer any questions.</p> | <hr/> <p style="text-align: center;">Date education provided</p> |
| <p>Determine payment source for health care.</p> | <p>Payment source:</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> BCCP Medicaid</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> Private insurance</p> <p><input type="checkbox"/> Self-pay</p> <p><input type="checkbox"/> Other:</p> |
| <p>Find appropriate mammography location options for payment source.</p> | <hr/> <p style="text-align: center;">Location of mammogram</p> |
| <ol style="list-style-type: none"> 1. Obtain release of information for client. 2. Assist family in scheduling appointment. 3. Provide education about the importance of keeping the appointment. | <hr/> <p style="text-align: center;">Date of initial appointment</p> <p style="text-align: center;">Education provided:</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p style="text-align: center;">Completion</p> <p>Confirm mammogram appointment was kept.</p> | <hr/> <p style="text-align: center;">Date of kept mammogram appointment</p> |

Record reason if Finished Incomplete (reason denied and referral made):