



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

Breast Health Treatment Pathway

Initiation
Any patient presenting with a diagnosis of breast cancer.

Start date

Stage at diagnosis & type of breast cancer

Provide **patient education and referrals** on risk factors, genetic testing/counseling, self-advocacy, and available support resources.

Date education provided

Determine payment source for all treatment prescribed.

- Payment source:
- Medicaid
 - BCCP Medicaid
 - Medicare
 - Private insurance
 - Self-pay
 - Other:

1. Obtain release of information for client.
2. Assist family in scheduling all treatment appointments.
3. Provide education about the importance of keeping the appointments.

Education provided:
 Yes No

Completion
Confirm all treatment appointment were kept and results communicated with patient.

Date of appointment

Date results communicated to patient

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