



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

Breast Cancer Education Pathway

<p style="text-align: center;">Initiation</p> <p>Any individual who may be at-risk for developing breast cancer.</p>	<hr/> <p style="text-align: center;">Start date</p>
<p>↓</p> <p>Provide education on breast self-awareness, signs and symptoms, and help dispel myths.</p>	<hr/> <p style="text-align: center;">Date education provided</p>
<p>Partner with client to determine:</p> <ol style="list-style-type: none"> 1. Personal risk of breast cancer 2. Environmental & biological factors that may increase risk 3. Date of last mammogram and outcome 4. If mammogram is needed 	<hr/> <p style="text-align: center;">Date assistance provided</p> <hr/> <p style="text-align: center;">Date of last mammogram</p> <p style="text-align: center;">Mammogram needed:</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>↓</p> <p>If mammogram is needed, identify potential barriers to obtaining a breast cancer screening through needs assessment and assign appropriate Pathways to address barriers.</p>	<hr/> <p style="text-align: center;">Date needs assessment conducted</p>
<p>↓</p> <p>Assist with scheduling/planning trips to and from appointments.</p>	<hr/> <p style="text-align: center;">Date appointment made</p>
<p>↓</p> <p style="text-align: center;">Completion</p> <p>Confirm appointment was kept and results communicated with patient.</p>	<hr/> <p style="text-align: center;">Date appointment kept</p> <hr/> <p style="text-align: center;">Date results communicated to patient</p>

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