

# RADIOLOGIST / TECHNOLOGIST EVALUATION – LONG FORM

Shaded sections are **OPTIONAL**

NOTES

**4. Breast density:**

*(check denser breast if left and right differ)*

- Almost entirely fat
- Scattered fibroglandular densities
- Heterogeneously dense
- Extremely dense

**5. Information available at time of assessment and recommendation(s):** *(check one from each group)*

- Comparison films:  No films     No changes  
 Significant changes  
 Films not comparable

- Physical findings:  No     Yes

**6. Assessment:**

	B	L	R
0: Needs additional imaging evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1: Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2: Benign finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3: Probably benign finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4: Suspicious abnormality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5: Highly suggestive of malignancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Recommendation(s):** *(check all that apply)*

	B	L	R
<b>Next mammogram:</b>			
Normal interval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return at age 40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return at age 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short interval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Immediate Work-up:**

Additional views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical exam for further evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine needle aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1. Indication for exam:** *(check one)*

- Screening (asymptomatic)
- Evaluation of breast problem (symptomatic)
- Additional evaluation of recent mammogram
- Short interval follow-up
- Other procedures

**2. Type of exam(s) performed:** *(check all that apply)*

	B	L	R
Routine views (MLO, CC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic (additional) views (i.e., spot compression, magnification, other projections, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other breast imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Other procedures performed:** *(check all that apply)*

	B	L	R
Needle localization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyst aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine needle aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ductogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>