

Service	Form name	Information Provider needs to fill in	Documentation/Labs/PreWork/Etc (* if optional)
Surgery	Mayo Clinic Breast Cancer Collaboration Form	<p>Reason for consultation: Family History, Hx atypical hyperplasia, Hx LCIS, Hx DCIS, Med Side Effects, Other:</p> <p>Review of symptoms (check all that apply): Hot flashes; night sweats; vaginal dryness; irregular vaginal bleeding</p> <p>Past medical history (check all that apply): High blood pressure; diabetes; tobacco use; heart disease;</p> <p>Date of last mammogram:</p> <p>Breast ultrasound performed? Date:</p> <p>Biopsy performed? Date of pathology report attached:</p> <p>Bone mineral density study performed? Date:</p> <p>Date of last pap smear:</p> <p>Gail Model Risk 5 year: %</p> <p>Gail Model Risk Lifetime: %</p> <p>Counseling: High risk pt: 1-12; Atypia: 1-10; LCIS: 1-10; DCIS: 1-10</p> <p>Recommendations:</p> <p>Lifestyle modifications</p> <p>Continue routine yearly mammogram or earlier diagnostic study per surgeons recommendation</p> <p>Tamoxifen 20 mg per day 3-month supply 4 refills</p> <p>Counseled patient to stop tamoxifen if they are sedentary (ie surgery, prolonged bed rest or traveling</p> <p>Raloxifene 60 mg per day 3 month supply 4 refills</p> <p>Phone follow-up 4 to 6 weeks</p> <p>Clinical breast exam with primary care provider in ?? Months</p> <p>Bone mineral density study ?? Months (1-2 yrs)</p> <p>Pap smear date months ?? Months (2-3 yrs)</p> <p>Other</p>	
Surgery	Surgery Clinic E-Consultation Form	<p>Reason for requesting consultation/chief complaint:</p> <p>Relevant past medical history</p> <p>Medication list</p> <p>Additional pertinent information</p>	<p>Imaging Reports (if applicable)</p> <p>Images sent via Teleradiology (if applicable)</p> <p>Images mailed to the Surgery Clinic on CD (if applicable)</p>