

Take Charge Screening and Diagnostic Services ODH Form No. 1342

Send Completed Form to Take Charge via secure email/fax to CancerPCP@health.ok.gov or 405-900-7609

Part 1: DEMOGRAPHICS				
Clinic name:	Clinic site number:	Social security number:	Age:	
Last name:	First name:	MI:	Maiden:	
DOB:	Daytime phone number:	Evening phone number:		
Address:	City:	State:	Zip:	
Is patient pregnant:	No	Yes	Due date of pregnancy:	Meets Income Guidelines: Yes No
Interpreter needed?:	Yes	No	Translation type:	Spanish Chinese Vietnamese Other
Race:	White	Black or African American	American Indian or Alaskan Native	Ethnicity: Hispanic Non-Hispanic
	Native Hawaiian or other Pacific Islander	Asian	Unknown	Unknown
Part 2: CURRENT BREAST AND/OR CERVICAL FINDINGS				
Procedure	Findings	Location	Date	Duration of Symptoms
Part 3: PREVIOUS BREAST AND/OR CERVICAL DIAGNOSTIC PROCEDURES				
Procedure	Diagnosis	Date	Facility Name	
Part 4: SERVICE REQUESTED				
Breast Services		Cervical Services		
Screening Mammogram (initial or routine)		LEEP		
Diagnostic Mammogram (check reason below)		Colposcopy		
____ Left breast ____ Right breast		Colposcopy with Biopsy		
Abnormal Finding		Cervical Specialist Consultation		
Implants Follow-up Mammogram		Short Term Follow-Up Office Visit or Post Treatment Office Visit		
Breast Ultrasound ____ Left breast ____ Right breast		Additional breast and/or cervical clinical comments:		
Ultrasound or Stereotactic Guided Breast Biopsy				
Screening MRI ____ Left breast ____ Right breast				
Fine Needle Aspiration (with/without imaging guidance)				
Breast Specialist Consult (Films and records must be sent to appointment.)				
Part 5: APPOINTMENT INFORMATION		Part 6: REFERRAL INFORMATION		
Date:	Time:	Name of referring provider:		
Name of facility:		Referring provider phone number:		
Phone number of facility:		Referring provider fax number:		
Address of facility:		Referring provider address:		
Additional appointment instructions:		Issue date: _____ Expiration date: _____ (60 days after issued date)		
		Send report by: Fax Mail		