New York State Department of Health

Cancer Services Program

Provider Attestation of Client Eligibility for Women less than 40 Years of Age

_____ _____

Print name of provider CSP designated site code

_____

Print name of CSP Partnership

Print Client Name: _____

CSP client #: _____

Client Date of Birth: _____

☐ High Risk for Breast Cancer

I have performed a clinically recognized risk assessment for the above named client and it is my clinical judgment that this client meets the criteria outlined in the New York State Department of Health Cancer Services Program (CSP) Operations Manual for breast cancer screening for high risk women less than 40 years of age.

High Risk for Breast Cancer Criteria (Choose all that apply)

☐ Client 5-year risk =_____. (A woman of any age is determined to have a 5-year risk of invasive breast cancer greater than or equal to 1.7 %, as determined by a clinically recognized risk assessment tool.)

☐ Client lifetime risk =_____. (A woman age 35 or older with a lifetime risk greater than or equal to 20%, as determined by a clinically recognized risk assessment tool.)

☐ A known genetic predisposition for breast cancer by genetic testing (e.g. *BRCA* 1 or 2 mutation)

☐ A personal history of breast cancer (and is not in active treatment)

☐ A personal history of receiving thoracic (chest) irradiation in teens or 20s.

OR

☐ Clinically Significant Finding(s) for Breast Cancer

I have performed a clinical breast exam on the above named client and have determined that she meets the criteria outlined in the New York State Department of Health Cancer Services Program (CSP) Operations Manual for clinically significant finding(s) of breast cancer in women less than 40 years of age.

Clinically Significant Findings Criteria (Choose all that apply)

☐ Discrete, dominant mass in breast

☐ Spontaneous nipple discharge without a discrete, dominant mass in breast

☐ Asymmetric thickening or nodularity

☐ Skin or nipple changes

_____ _____

Provider Signature Date