

# BreastCheck Appointment Form

BreastCheck provides breast cancer screening mammograms to asymptomatic females aged 45 and over. Fax the completed appointment form to BreastCheck at **204-788-1594**.

This form is used for:

- Patients who are unlikely to call to make their own appointment.
- Asymptomatic clients in rural/remote locations who are at increased risk of breast cancer and unable to travel to a diagnostic imaging site.

BreastCheck will call your patient to schedule a BreastCheck appointment.

## CLIENT

FIRST NAME	LAST NAME	DATE OF BIRTH	
PHIN (9 DIGITS)	MAILING ADDRESS	TOWN/CITY	POSTAL CODE
HOME#	CELL#		

## HEALTHCARE PROVIDER

PROVIDER NAME (DOCTOR, N.P.)	CLINIC NAME	
CLINIC ADDRESS	TOWN/CITY	POSTAL CODE
PHONE	FAX	

CLIENT HISTORY	<b>Has the client had a previous mammogram?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: when? _____ If yes, where? <input type="checkbox"/> BreastCheck <input type="checkbox"/> Other (specify): _____
	<b>Does the client have accessibility needs related to a mammogram appointment (e.g. mobility issues, language needs)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____
	<b>Does the client have a personal history of:</b> <input type="checkbox"/> breast cancer <input type="checkbox"/> LCIS (lobular carcinoma in-situ) <input type="checkbox"/> ADH (atypical ductal hyperplasia) <input type="checkbox"/> ALH (atypical lobular hyperplasia) <input type="checkbox"/> BRCA 1/2 gene mutation carrier
	<b>Does the client have a significant family history (greater than or equal to 25% lifetime risk of developing breast cancer)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No See the <a href="#">BreastCheck Screening Guidelines</a> for increased risk guidelines.

Mammograms for symptomatic patients and those with breast implants must be completed at a diagnostic imaging facility. To access the diagnostic referral form, visit: <https://healthproviders.sharedhealthmb.ca/files/mb-breast-imaging-referral-form.pdf>