

# BREASTCHECK APPOINTMENT FORM

BreastCheck provides breast cancer screening mammograms to asymptomatic women 50 years of age and older. Mobile clinic appointments may be considered for asymptomatic women at increased risk 40-48 years of age. Check **one** of the options below and fax to BreastCheck at 204-788-1594.

- Check here if you would like **BreastCheck to call** your patient to schedule a BreastCheck Clinic appointment.
- Check here if you are scheduling a client to attend a **BreastCheck mobile clinic or with a group trip**. Indicate appointment details as follows:

LOCATION \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

## HEALTHCARE PROVIDER

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

## CLIENT

FIRST NAME	LAST NAME	BSPN NUMBER
DATE OF BIRTH	PHIN (9 DIGITS)	MHSC (6 DIGITS)
ADDRESS	TOWN/CITY	POSTAL CODE
COUNTRY OF BIRTH	HOME#	CELL#

<b>PERSONAL HISTORY</b>	<b>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>Are there considerations that may affect the mammogram appointment (e.g. mobility issues)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No        If yes, describe _____
	<b>Previous cancer diagnosis?</b> <input type="checkbox"/> None <input type="checkbox"/> Breast <input type="checkbox"/> Ovarian <input type="checkbox"/> Fallopian tube
	Screening mammograms for clients with <b>breast implants</b> must be completed at a diagnostic facility. <a href="https://sharedhealthmb.ca/files/breast-imaging-referral-form.pdf">Click here</a> to view the diagnostic referral form or visit <a href="https://sharedhealthmb.ca/files/breast-imaging-referral-form.pdf">https://sharedhealthmb.ca/files/breast-imaging-referral-form.pdf</a>

<b>FAMILY HISTORY</b>	<b>If requesting an appointment for a client 40-48 years of age, complete the following history:</b>				
	<b>Blood Relation</b> (e.g. mother, sister)	<b>Age at Diagnosis</b>	<b>Cancer Type(s)</b> (circle)		
			Breast	Ovarian	Both
			Breast	Ovarian	Both
		Breast	Ovarian	Both	