

BREASTCHECK APPOINTMENT FORM

BreastCheck provides breast cancer screening mammograms to asymptomatic women 50 years of age and older. Fax completed appointment form 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#

CLIENT HISTORY	Previous mammogram? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ If yes, where? <input type="checkbox"/> BreastCheck <input type="checkbox"/> Other (specify): _____
	Are there accessibility concerns to consider when arranging a mammogram appointment (e.g. mobility issues, language needs)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____
	Previous cancer diagnosis? <input type="checkbox"/> None <input type="checkbox"/> Breast <input type="checkbox"/> Ovarian <input type="checkbox"/> Fallopian tube
	Screening mammograms for clients with breast implants must be completed at a diagnostic facility. Click here to view the diagnostic referral form or visit https://healthproviders.sharedhealthmb.ca/files/mb-breast-imaging-referral-form.pdf

Mobile clinic appointments may be considered for asymptomatic women at increased risk 40-48 years of age.

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