

BC CANCER BREAST SCREENING REGISTRATION FORM

BC Cancer Breast Screening provides screening mammograms to **eligible BC residents age 40 and over**. If under 40, a doctor's referral is required.

MANDATORY ELIGIBILITY QUESTIONS:

- Are you currently pregnant?
- Have you been breast feeding in the last three months?
- Have you had breast enlargement surgery, such as implants or injections?
- Have you had breast cancer?
- Do you now have any new breast complaints such as a solitary lump or nipple discharge?
- Have you had a mammogram on both breasts in the last 12 months?

If the answer is **YES** to any of the questions above you would not be eligible for screening mammography at this time. Please contact your primary care provider (family doctor, clinic, nurse practitioner or naturopath) to find out about other breast exam options.

TO REGISTER FOR A SCREENING MAMMOGRAM APPOINTMENT, PLEASE COMPLETE THE FOLLOWING:

Last name: _____ Title: _____ (Ms., Mrs., Miss)

First name: _____ Middle initial: _____

Birth surname: _____

Date of birth: ____/____/____

Day Month Year

Personal health number (care card): _____

Mailing address:

Street: _____

City/Town: _____, BC

Postal Code: _____

Main Telephone: ____ - ____ - ____

Work /Cell Telephone: ____ - ____ - ____

Family Doctor (Mandatory): _____

City/Town: _____

For your mammogram appointment, do not wear deodorant, body powder or perfume.

APPOINTMENT DATE: _____ TIME: _____

LOCATION: _____