

BREAST SCREENING INTAKE FORM

Today's Date: ____/____/____

SECTION A: PERSONAL INFORMATION (PLEASE FILL IN ALL SPACES TO QUALIFY FOR PROGRAM)

Name: _____ **Date of Birth:** ____/____/____

Home Address (Street, City, State, Zip): _____

Phone: _____ **Email:** _____

(CIRCLE TYPE) HOME MOBILE WORK FAMILY FRIEND

Gender: Woman Man Non-binary Prefer to self-describe: _____

Are you Hispanic/ Latina? No, not Hispanic/ Latina Yes, Hispanic/ Latina

What race best describes you? American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White Other _____

Are you currently employed? YES NO

What type of insurance do you have?

No insurance Public Insurance (TennCare/Medicaid, VA, Medicare) Private Insurance (HMO, PPO) If yes,
insurance name: _____

What is your monthly/annual household income? \$ _____ **How many individuals live in
your home?** _____

SECTION B: MAMMOGRAM HISTORY

Are you pregnant? YES NO

Have you ever had a mammogram? YES NO

If YES, when was your last mammogram? ____/____ Where? _____
MONTH YEAR

If You CANNOT remember the exact date, was it Within the last 2 years 2 or more years ago

Are you having any breast problems now? YES NO

If YES, please mark all that apply

Distinct lump in my breast In which breast:	Left	Right	Both
Lumpiness	Left	Right	Both
Discomfort, pain, or soreness	Left	Right	Both
Discharge from nipple	Left	Right	Both

Do you or someone in your family have a history of breast cancer? YES NO UNSURE

IF YES, please mark your relationship(s) to those family members and age at diagnosis:

Mother (Age____)	Sister (Age____)	Daughter (Age____)	Grandmother (Age____)
Aunt (Age____)	Niece (Age____)	Self	

Have you had any of the following surgeries? If so, When?

lumpectomy _____
mastectomy _____
breast biopsy _____

