

# Ashland County Cancer Association

## Mammogram Registration & Screening Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Twp.: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### **Mammogram Information:**

Date of your last mammogram: \_\_\_\_\_ Location: \_\_\_\_\_

Are you experience any issues with your breast? \_\_\_\_\_

Any breast surgeries?  Yes  No | Do you currently have breast implants?  Yes or  No

Past Mastectomy?  Single  Double | Do you have a physician's order for a mammogram?  Yes  No

### **Family History:**

Family history of breast cancer:  Yes or  No | Relation: (mom, aunt, etc.): \_\_\_\_\_

### **Physician's Information:**

Physician's Name/Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Demographic information:**

Number of People in Household: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Employment:  Employed  Unemployed  Retired  Disabled

Veteran:  Yes  No | Insurance:  Yes  No

### **Authorization of release of information:**

I request & authorize that the information provided be released and exchanged with the following agencies as to provide necessary care to me through the Ashland County Cancer Association's Mammogram Program.

*\*Breast & Cervical Cancer Project or your physician as identified on this registration*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions/Submit Registration Form:** Email: ashlandcocancer@gmail.com | Mail: Ashland Co. Cancer Association, 1011 East Main Street, Suite A, Ash, OH 44805 | Fax: 419-281-5743 | Office: 419-281-1863