**Pre-registration Screening Form**

**Eligible: \_\_\_\_\_\_\_ Pap \_\_\_\_\_\_\_\_\_\_Mammogram (after review of information)**

1. **Are you between the ages of 21-64? Yes or No ( if no, not eligible for the program)**

**2a. Do you have health insurance? Yes or No – If Yes, ask**

**2b. Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it? Yes or No**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  **(Last, First)** |  | | | | | | |
| **Age & DOB**  **mm/dd/yyyy** |  | | | | | | |
| **Last 4 SS#**  **full number needed if chosen** |  | | | | | | |
| **Address** | **Street:** | | | | | | |
| **City:** | | | **Zip:** | | | |
| **County:** | | | | | | | |
| **Phone: Cell: Other:** | | | | | | | |
| **Email:** | | | | | | | |
| **Preferred Language** | **Interpreter needed?**  **Yes No** | | **If yes, Language:** | | | | |
| **Marital status** | **Never married Married widowed separated divorced** | | | | | | |
| **Have you or a family member ever been diagnosed with cervical cancer?** | **If you have been diagnosed with cervical cancer when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **What treatment did you have?**  **Where did you have the treatment?**  **What was the result**  **If a family member, who?** | | | | | | |
| **Have you or a family member ever been diagnosed with breast cancer** | **Yes No**  **If yes, who:** | | | | | | |
| **Race: What term do you feel best describes your race?** | **White** | **Black** | | | **Asian** | | **American Indian** |
| **Pacific Islander** | **Other** | | | | **Refused to answer** | |
| **Ethnicity:** | **Are you of Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban? Yes or No** | | | | | | |
| **Emergency Contact** | **Name** | | | | | | |
| **Relationship** | | | | **Phone Number** | | |
| **Transportation** | **Do you have reliable transportation? Yes or No**  **If no: Will you need transportation assistance if selected for screening? Yes or No** | | | | | | |
| **When was your last Pap test?** | **PAP TEST ELIGIBILITY**  **Women ages 21 to 64 who:**   * **Never had a Pap test** * **No Pap test within the last three years (since Month Year)** * **Abnormal Pap test results**   **ADDITIONAL QUESTIONS**  **Have you ever had a pap test? Yes or No**  **Have you had a hysterectomy? Yes or No**  **Comments:**  **Have you ever had an abnormal Pap smear? Yes or No**  **Comments:**  **Pap eligible? Yes or No** | | | | | | |
| **When was your last mammogram?** | **Mammogram eligibility**  **Women 40 and over**   * **Never had a mammogram** * **No mammogram within the last year (since Month Year)** * **No visible lumps or lesions**   **ADDITIONAL QUESTIONS (Y or N)**   1. **Are you 40 years of age or older**   **Yes – eligible**  **No – not eligible**   1. **Have you ever had a mammogram?**   **Yes or no**   1. **Has it been at least a year since your last mammogram?**   **Yes – eligible**  **No – not eligible**   1. **Do you have breast implants?**   **Yes – not eligible**  **No - eligible**   1. **Are you pregnant?**   **Yes – not eligible**  **No - eligible**   1. **Are you breastfeeding?**   **Yes – not eligible**  **No - eligible**   1. **Are you having any problems such as lumps or dimpling?**   **Yes – refer to Dr. for diagnostic exam**  **No – eligible**  **Diagnostic exam is free if they qualify for financial assistance**   1. **Hav your ever had breast cancer?**   **No – eligible**  **Yes – have you received a mastectomy or a lumpectomy?**  **If yes mastectomy, the healthy breast can be screened**  **If yes lumpectomy, cannot be screened**  **Mammogram Eligible? Yes or No**  **Mammogram only (no Pap) ? Yes or No** | | | | | | |
| **Reviewed by coordinator: \_\_\_\_\_** | **Date:**  **Eligible for \_\_\_\_\_\_\_\_\_\_\_\_ Pap \_\_\_\_\_\_\_\_\_\_\_\_\_ Mammogram** | | | | | | |

**If selected your information will be shared with a Health center based on your home address where you can/will be enrolled in the Mississippi Breast and Cervical Cancer Program which will allow for any needed follow-up of possible abnormal findings!**