# PATIENT PRE-REGISTRATION TEMPLATE

# (NOTE: If your hospital system uses EPIC, it is advised that you work with their IS/IT departments to build out a See, Test & Treat module within EPIC in order to standardize pre-registration procedures.)

# Today’s date:

* + - 1. Are you between the ages of 21 – 65? Yes or No (if no, not eligible for the program)
      2. Do you have health insurance? Yes or No (if no, eligible for the program. If they do have health insurance, are they underinsured? The definition of underinsured should be predetermined by the program. It can be that they have prohibitively high co-pays and deductibles or their insurance does not cover screenings)

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| --- | --- | --- | --- |
| Name **(last, first)** |  | | |
| Age & DOB  **(mm/dd/yyyy)** |  | | |
| SS#**(if no SS#, patient is still eligible for services)** |  | | |
| Address **(street, city, zip)** |  | | |
| Phone:  Alternate Number: |  | | |
| 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 **YES** | 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 w/ breast cancer? |  | | |
| Race | White  Black  Asian  American Indian  Pacific Islander  Two or more races Other | | |
| Emergency Contact | Name | | |
| Relationship | Phone Number | |
| When was your last Pap test? | **PAP Testing Eligibility**   * Women ages 21 to 65 who: * Never had a Pap test * No Pap test within the last three years (INSERT MONTH/YEAR) * Abnormal Pap test result   **Additional Question:**  Have you had a hysterectomy?  Yes or  No  Comments  **Pap test eligible?**  Yes or  No | | |
| Have you received HPV test / screening? (*Note*: This is different from the HPV vaccine) | **HPV screening eligibility**   * Women ages 30 to 65 who: * Never had a HPV test/screening * No HPV test/screening within the last five years (INSERT MONTH/YEAR) * Abnormal Pap presenting with ASCUS results   **HPV test eligible?**  Yes or  No | | |
| When was your last mammogram?  Criteria? Exclude those presenting with visible lumps or lesions | **Mammogram Eligibility?**   * Women 40 and over * No mammogram within the last year (INSERT MONTH/YEAR) * No visible lumps or lesions   **Additional Questions:**  Are you 40 years of age or older?  Yes – eligible  No – if less than 40; must have an order from a doctor. Otherwise – not eligible   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 or breastfeeding?   Yes – not eligible  No – eligible   1. Are you having any problems such as lumps or dimpling?   Yes – refer to a doctor for diagnostic exam\*  No – eligible  \*Diagnostic exam is free if they qualify for financial assistance   1. Have you ever had breast cancer?   No – eligible  Yes – Have you received a mastectomy or a lumpectomy?  If Yes to a mastectomy – the healthy breast can be screened  If Yes to lumpectomy – cannot be screened  **Mammogram Eligible?**  Yes or  No  **Mammogram only (no Pap):**  Yes or  No  If Yes, must bring: old films (where done), do not wear deodorant or powder on day of event. | | |
| Appointment Time | AM  8:00  8:15  8:30  8:45  9:00  9:15  9:30  9:45  10:00  10:15  10:30  10:45  11:00  11:15  11:30  11:45  12:00PM | | |
| Determine eligibility for state /federal cancer screening program criteria? | **Eligible for state/federal program?**  Yes or  No  Reminder: Patient can still receive services if not eligible for state/federal program | | |