

Your employer supports good health and offers this convenient workplace service. We sincerely hope you take advantage of the Novant Health Breast Center mobile mammography services and we welcome the opportunity to partner with you, because a mammogram can save your life.

Please return the completed paperwork to Human Resources by March 26, 2019.

For confidentiality, you can seal your completed paperwork in an envelope and write your name and “Mobile Mammography” on the outside of the envelope and send via intracampus mail to Human Resources, or drop off at the HR Building at 2598 Reynolda Rd. If you do not have insurance and need financial assistance, please contact Ashley Hawkins (x.5691) by March 26th.

There are several things you can do to make your exam more accurate, comfortable and efficient:

- On the day of your exam, **avoid the use of heavy creams or powders** and **do not wear deodorant** on the under arms which may interfere with your exam.
- If your breast is sensitive, avoiding caffeine for several days prior to the exam may help.
- If your last mammogram was not through Novant Health Breast Center, make arrangements to get your last mammogram images **by calling the facility that performed your last mammogram and request that your images be sent to us prior to you scheduled exam, or bring your images with you on the day of your exam.** This will help prevent delays in getting a report to your provider and you.
- **Bring a current insurance card and your driver’s license on the date of service to give to the technologist**

Novant Breast Center radiologists follow the guidelines of the American College of Radiology, which states that women should get a mammogram every year after age 40.

Please note that women do not qualify for a mobile screening mammogram if they:

- Are currently breast feeding
- Are pregnant
- Have lumps or other problems with their breasts
- Have a history of recent breast cancer (less than 2 years)
- Had a mammogram within the past 12 months

Breast cancer is a common disease with a high cure rate when detected in time. One out of every seven women will be diagnosed with breast cancer. Although monthly self-breast exams and a yearly clinical breast exam from your healthcare provider are very important, it is through yearly screening mammograms that most early breast cancers will be detected.

Novant Health Breast Center Mobile Staff

Mobile Patient Information Sheet

Date of Service: _____

Location: _____

Last Name _____ First _____ Middle _____ Maiden _____

Email address: _____

Address _____ City _____ Zip Code _____

Social Security # _____ Home # _____ Work # _____

Age _____ Birthdate _____ Marital Status (circle one) S M D W

Employer _____

Have you ever been a patient at this hospital? _____ When? _____

Spouse Name _____ Social Security # _____ Employer _____

Primary Care Physician _____ Address _____ Phone _____

OB/GYN Physician _____ Address _____ Phone _____

Primary Insurance _____ ID# _____ Group # _____

Address _____

Subscriber _____ Relationship _____ Birthdate _____

Secondary Insurance _____ ID# _____ Group # _____

Address _____

Subscriber _____ Relationship _____ Birthdate _____

I authorize this facility to file insurance and to obtain medical records necessary.

SIGNATURE _____ Date _____ Time _____

WITNESS SIGNATURE _____ Date _____ Time _____

If limited English proficient or hearing impaired offer interpreter at no additional cost:

Interpreter Accepted _____ Interpreter Refused
(Name/Number of Person/Services Chosen/Used)



- NHFMC
- NHRMC

Mobile Patient Information Sheet

Breast History

Family History of Cancer

Unknown/Adopted: _____

Mother: Breast/Ovarian Age: _____

Grandmother: Breast/Ovarian Age: _____

Sister: Breast/Ovarian Age: _____

Daughter: Breast/Ovarian Age: _____

Other Relative: _____

Yes / No Ashkenazi Jewish Heritage? _____

Yes / No Do you have MRSA, shingles, latex allergy or a skin rash? _____

Yes / No Do you perform breast self-exams? _____

Patient's Signature: _____ Date: _____ Time: _____

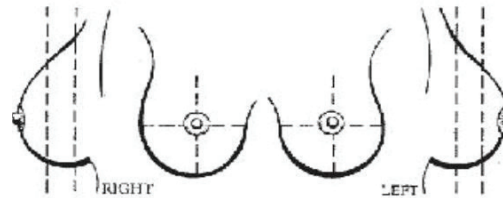
Patient's Preferred Phone Number: _____

Referring Provider: _____ Phone: _____

(Staff Use Only) Technologist: _____ Education Provided: _____ Date: _____ Time: _____

Tech Notes:

[Empty box for Tech Notes]



If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted _____ Interpreter Refused

(Name/Number of Person/Services Chosen/Used)



Breast History

At Novant Health Breast Center, your breast health is very important to us, and we know that educating you about your specific risk factors is the best first step to preventing breast cancer.

The following questions allow us to assess your lifetime risk of breast cancer. Please answer all questions as completely and accurately as possible.

If you are an established patient in the Novant Health Cancer Prevention & Wellness Clinic you do not need to complete this form. Check here and sign the back and give it to your technologist.

Personal History

- 1) Age: _____ Height: _____ Weight: _____
- 2) Have you ever been diagnosed with **breast cancer**? Yes No
If Yes, how old were you when you were diagnosed with breast cancer? _____
- 3) Have you had **more than one** breast cancer? Yes No
If Yes, how old were you at the time of your **first diagnosis**? _____
- 4) Have you had a diagnosis of **ovarian cancer**? Yes No
If Yes, how old were you at the time of this diagnosis? _____
- 5) How old were you when you first started your period? _____
- 6) Have you ever been pregnant? Yes No If Yes, how old were you at your first live birth? _____
- 7) Are you still having your period? Yes No If No, how old were you when you stopped? _____
- 8) Are you using any type of birth control? Yes No If Yes, what type? Oral IUD Other _____
- 9) Have you had your uterus removed? Yes No If Yes, at what age? _____
- 10) Have you had your ovaries removed? Yes No (Right Left Both) If Yes, at what age? _____
- 11) Have you EVER taken hormone replacement therapy? Yes No
Do you CURRENTLY still take it? Yes No If No, when did you stop? _____
If Yes, how long have you taken it? _____ If Yes, how many more years do intend to take it? _____

- | | |
|--|--|
| 12) Have you ever had a breast biopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where? _____ When? _____
Have you ever had a cyst aspiration? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where? _____ When? _____
If Yes, what were the results of Biopsy? _____ | a. Benign
b. Hyperplasia
c. Atypical Hyperplasia
d. Lobular Carcinoma In-Situ (LCIS)
e. Other: _____ |
|--|--|

- 13) Has anyone in your family already had genetic blood test for breast and/or ovarian cancer risk?
 Yes No If Yes, who has had testing? _____ Did they have breast cancer? Yes No
 If Yes, what were the results (circle one): Positive Negative Inconclusive I don't know

- 14) Do you have any Ashkenazi Jewish heritage? Yes No

- 15) How many daughters do you have? _____
- A. Current age _____ Did she ever have breast *or* ovarian cancer? Yes No If Yes, at what age? _____
 - B. Current age _____ Did she ever have breast *or* ovarian cancer? Yes No If Yes, at what age? _____
 - C. Current age _____ Did she ever have breast *or* ovarian cancer? Yes No If Yes, at what age? _____
 - D. Current age _____ Did she ever have breast *or* ovarian cancer? Yes No If Yes, at what age? _____

- 16) How many sisters do **you** have? _____ Adopted/Unknown
- A. Current age _____ Did she ever have breast *or* ovarian cancer? Yes No If Yes, at what age? _____
 - B. Current age _____ Did she ever have breast *or* ovarian cancer? Yes No If Yes, at what age? _____
 - C. Current age _____ Did she ever have breast *or* ovarian cancer? Yes No If Yes, at what age? _____
 - D. Current age _____ Did she ever have breast *or* ovarian cancer? Yes No If Yes, at what age? _____

Maternal (Mother's) Family History

- 17) How old is your mother currently? _____ If deceased, age at time of death _____ Adopted/Unknown
 Did she ever have breast *or* ovarian cancer? Yes No If Yes, at what age? _____



Patient Name: _____

DOB: _____

(or use patient label)
Name / MR # / Label

Maternal (Mother's) Family History continued

18) How old is your **mother's mother** currently? _____ If deceased, age at time of death _____ Adopted/Unknown
 Did she ever have breast *or* ovarian cancer? **Yes** **No** If Yes, at what age? _____

19) How many **sisters** does your **mother** have? _____ Adopted/Unknown
 A. Current age _____ Did she ever have breast *or* ovarian cancer? **Yes** **No** If Yes, at what age? _____
 B. Current age _____ Did she ever have breast *or* ovarian cancer? **Yes** **No** If Yes, at what age? _____
 C. Current age _____ Did she ever have breast *or* ovarian cancer? **Yes** **No** If Yes, at what age? _____
 D. Current age _____ Did she ever have breast *or* ovarian cancer? **Yes** **No** If Yes, at what age? _____

Paternal (Father's) Family History

20) How old is your **father's mother** currently? _____ If deceased, age at time of death _____ Adopted/Unknown
 Did she ever have breast *or* ovarian cancer? **Yes** **No** If Yes, at what age? _____

21) How many **sisters** does your father have? _____ Adopted/Unknown
 A. Current age _____ Did she ever have breast *or* ovarian cancer? **Yes** **No** If Yes, at what age? _____
 B. Current age _____ Did she ever have breast *or* ovarian cancer? **Yes** **No** If Yes, at what age? _____
 C. Current age _____ Did she ever have breast *or* ovarian cancer? **Yes** **No** If Yes, at what age? _____
 D. Current age _____ Did she ever have breast *or* ovarian cancer? **Yes** **No** If Yes, at what age? _____

22) List any other relatives who have had **breast cancer, ovarian cancer or pancreatic cancer.**
This includes male relatives, including your father.

Relationship	Breast Ovarian Pancreatic	Age at Diagnosis	Related by Mom or Dad

If your reported history shows an increased lifetime risk for breast cancer, or that an increased cancer risk may run in your family, we will contact you to offer an appointment with the Novant Health Cancer Prevention and Wellness Clinic. This appointment may include genetic counseling, additional breast cancer screening and/or breast cancer risk management suggestions.

If you do not wish to be notified, if you have an increased lifetime risk of breast cancer or if your family history indicates that increased cancer risk may run in your family, please check here:

If you elect not to be contacted, we will retain the form in our records, but your risk will not be calculated or communicated to you or to your referring provider.

Feel free to contact us with any questions at 336-718-8528 or 336-397-6626.

 Patient's Signature Date/Time

 Signature of Authorized Person Date/Time Relationship to Patient

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted _____ Interpreter Refused
 (Name/Number of Person/Services Chosen/Used)