

BreastScreen SA client booking form

Title: _____ Family name: _____

First name(s): _____

Date of birth: _____ Age: _____ (Must be aged 40+)

Home address: _____

Postal address: _____

Mobile number: _____

Medicare no: Ref: Valid to: /

Do you need an interpreter? YES NO If yes, language: _____

Have you had breast cancer in the past? YES NO

Have you had a mammogram before? YES NO

If yes, where was your most recent mammogram? BreastScreen SA Private provider:

Provider name: _____ Approx date: /

Do you have any new or changing breast symptoms that have not been investigated by a doctor? YES NO

If yes, please describe the symptom: _____

Do you have breast implants? YES NO

Do you have a pacemaker or any other medical device in your chest area? YES NO

Do you have a glucose monitor and/or insulin pump attached to your body? YES NO

Is your mobility restricted in any way? YES NO

Walking aid Wheelchair Unable to raise arms to shoulder height

Will you be available in the 4 to 6 weeks following your mammogram? YES NO

BreastScreen SA requests that you be available to receive your results a minimum of one month after screening



Government of South Australia
SA Health

For more information call 13 20 50
or visit www.breastscreen.sa.gov.au