



**FLORIDA BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM  
(FBCCEDP)**

Serving Sarasota, Manatee, Desoto, Charlotte, Lee, Hendry, Glades and Collier Counties.



Mammograms, Clinical Breast Exams,

Pap and Pelvic Exams for women.

Ages 50-64

**PATIENT ENROLLMENT**

Fax to 941-554-5512

**Name and Location of clinic:**

Client over the age of 50 enrolled for:  Mammogram  Clinical Breast Exam  Pap ( see guidelines )

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

County: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_ Other Language: \_\_\_\_\_

**Mandatory question:** Tobacco Use:  Daily  Some Days  Not at all  
\* Referred to Quit Line: Yes  No

**History of hypertension ( high B/P )**

Yes  or No

Client C/O lumps, discharge or pain?

Yes  or No

Breast Health Education Done:

Yes  or No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**How did client learn about the program:**

- ACS Bro- chure  CHD  Community  Family/Friend  
 Internet  Med Office  Newspaper  FQHC  Postcard  BHN

**RACE: Check at least one**

- Black   
White   
Asian   
Am. Indian   
Eskimo   
**Undocumented**  
Yes  No

- Native Hawaiian   
Aleutian Islander   
Pacific Islander   
**ETHNICITY:**  
Hispanic or Latino   
Jewish

**Client Cancer History**

Breast Cancer

Yes  or No

Family History of Breast Cancer?

Yes  or No

Personal History of Cervical Cancer?

Yes  or No

Prior history of invasive Cervical Cancer?

Yes  Treatment \_\_\_\_\_

Month, year & place of Last Mammogram: \_\_\_\_\_

Mammogram date Unknown 5+ years  Yes

Date of last 2 pap smears? \_\_\_\_\_

Pap date unknown 5+ years  Yes

**Hysterectomy:** Yes  No

**Provider please fax the following to: 941-554-5512**

- |  |   |
|--|---|
| Annual Applicant Agreement: <input type="checkbox"/> | Green Card: <input type="checkbox"/>                          |
| Release of information: <input type="checkbox"/>     | Mammogram Rx: <input type="checkbox"/>                        |
| Self Declaration: <input type="checkbox"/>           | Dictation or Physical: <input type="checkbox"/>               |
| Photo ID: <input type="checkbox"/>                   | Pap Smear Report: ( within 21 days ) <input type="checkbox"/> |

**Screening Status:**  Initial  Rescreen  Short interval follow-up ( or repeat )

Location and date mammogram scheduled: \_\_\_\_\_

Revised 1/2016