

BC CANCER BREAST SCREENING REGISTRATION FORM

BC Cancer Breast Screening provides screening mammograms to **eligible BC residents age 40 and over**. If under 40, a doctor's referral is required. Please contact the Client Services Centre for more information at 1.800.663.9203.

MANDATORY ELIGIBILITY QUESTIONS:

1. Are you currently pregnant? ☐ YES ☐ NO
2. Have you been breast feeding in the last three months? ☐ YES ☐ NO
3. Have you had breast enlargement surgery, such as implants or injections? ☐ YES ☐ NO
4. Have you had breast cancer? ☐ YES ☐ NO
5. Do you now have any new breast complaints such as a solitary lump or nipple discharge? ☐ YES ☐ NO
6. Have you had a mammogram on both breasts in the last 12 months? ☐ YES ☐ NO

If the answer is **YES** to any of the questions above you would not be eligible for screening mammography at this time. Please contact your primary care provider (family doctor, clinic, nurse practitioner or naturopath) to find out about other breast exam options.

TO OBTAIN AN APPOINTMENT, PLEASE COMPLETE THE FOLLOWING (ALL FIELDS REQUIRED):

Last Name: _____ Title: _____ (Ms., Mrs., Miss)

First Name: _____ Middle initial: _____

Birth surname: _____ Date of Birth: _____ / _____ / _____ (dd/mm/yyyy)

Personal Health Number (Care Card): _____

Mailing Address (Street): _____

City/Town: _____ Postal Code: _____

Main Telephone: _____ - _____ - _____ Cell/Work Telephone: _____ - _____ - _____

*Would you like to receive an appointment reminder by text? ☐ YES ☐ NO

Primary Care Provider (family doctor/clinic/nurse practitioner/naturopath):

Name: _____ Clinic: _____

City/Town: _____ Do you have any mobility concerns? (please state): _____

****PLEASE DO NOT WEAR DEODORANT, BODY POWDER, LOTION, OR PERFUME
AT YOUR SCREENING MAMMOGRAM APPOINTMENT****

VISIT LOCATION: _____ 22-HK: Haisla Recreation Centre

APPOINTMENT DATE: _____ June 30, 2025 TIME: _____

FORMS ARE MANDATORY TO SECURE A SCREENING MAMMOGRAM APPOINTMENT
****INCOMPLETE FORMS WILL NOT BE ACCEPTED****