

\*\*Please complete the questionnaire in its entirety in order to avoid registration/scheduling delays\*\*

## BREAST IMAGING CLINIC QUESTIONNAIRE

Date: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

MDA # \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Patient Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Email Address: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Religion \_\_\_\_\_

Marital Status: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Rel. \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Rel. \_\_\_\_\_ Phone # \_\_\_\_\_

## INSURANCE INFORMATION

Insurance: \_\_\_\_\_ Customer Service Phone # \_\_\_\_\_

Primary Card Holder (PCH): \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

PCH's Employer Name & Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Member/Policy # \_\_\_\_\_ Group # \_\_\_\_\_

## QUESTIONNAIRE

1. Do you have an on-body injector? Yes  No

2. Are you having any problems with your breasts? Yes  No  (e.g., lumps or nipple discharge)

3. Have you ever been treated for breast cancer or had any type of breast surgeries? Yes  No   
 (Check:  breast reduction  breast implants  breast biopsies)

4. Have you ever had any services at UTMDACC, Mobile and/or satellite location? Yes  No

5. Is this your first mammogram? Yes  No  (month & year of last mammogram) \_\_\_\_\_

## PHYSICIAN INFORMATION

Doctor's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Office Phone # \_\_\_\_\_ Office Fax # \_\_\_\_\_

**Thank you for choosing The University of Texas MD Anderson Cancer Center's Mobile Mammography Program for your annual screening mammogram. This program allows us to provide lifesaving, early detection services to women all over the greater Houston area.**

**We are honored to have you as our guest on board.**

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**Below are eligibility guidelines to consider for your mobile screening mammogram:**

- You must be a female aged 40 years or older.
- If you have had a prior mammogram, your most recent breast imaging should have been normal and at least 11 months prior.
- You do not have any active breast concerns (such as a breast lump, breast pain or nipple discharge).
- You are not pregnant or actively breastfeeding.
- If you are unable to climb stairs and/or stand for 10-15 minutes without assistance, you may schedule a screening mammogram appointment at our Texas Medical Center location or at any of our Houston Area Locations. For online scheduling, please visit <https://my.mdanderson.org/schedulemammogram> or call 844-240-7092.
- You have a health care provider who is willing to accept the results from your screening mammogram. Please note that if additional testing is recommended and your health care provider declines responsibility for the results, you will be referred to an MDACC Cancer Prevention Clinic or an MDACC affiliated community clinic.
- If you have had a unilateral mastectomy or benign lumpectomy, you should be cancer-free for 5 years.
- You do not have an on-body injector (OBI).

**Day of Appointment Instructions:**

- Do not wear deodorant, powder, cream or ointment.
- Wear a two-piece outfit.
- Please leave jewelry and other valuables at home.
- Please remember to bring your insurance card (if applicable) and a single form of picture identification (ID) from one of the items listed below:
  - o State/Federal Government-issued ID with photo
  - o Visa or Passport
  - o Employer-issued photo ID/badge
  - o School-issued photo ID/badge

**Appointment registration takes approximately 10 minutes or less. Please have your insurance card, doctor's name, address and phone number available at the time of your call.**

We offer two options for registration and scheduling:

- 1) Call our scheduling line at 713-745-4000.
- 2) Fax your patient questionnaire to 832-750-7001. Please complete all fields and allow up to 24 hours for us to contact you.

**Thank you again for choosing MD Anderson's Mobile Mammography Program.**