



Date: _____

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

DOB: _____ Family physician: _____

Primary language: _____ English _____ Spanish _____ Other: _____

Employment status: _____

Family size: _____

Annual household income: \$ _____

Health insurance: Yes No

If yes, name and address of insurance company: _____

Is this your first mammogram? Yes No

Any previous ABNORMAL mammograms? Yes No

Any family history of breast cancer? Yes No

If yes, who? _____

How did you hear about the Breast Health Awareness Program? _____

After completing this form, please return it to:

Mahaska Health Partnership, Attn: Radiology

1229 C Avenue East

Oskaloosa, Iowa 52577

Once the above information is verified, those who meet the criteria will be contacted by a representative from Mahaska Health Radiology to schedule a mammogram appointment. If you have any questions, please contact Mahaska Health Radiology at 641.672.3322.