

Appt. Date: \_\_\_\_\_

# UTMB HEALTH

UH: \_\_\_\_\_

Appt. Time: \_\_\_\_\_

## Screening Mammogram Application

ACC: \_\_\_\_\_

**PLEASE answer all questions.** Be sure to **include active phone numbers so we can reach you** to schedule your appointment.

**Section 1:** Name on your driver's license or other photo identification

**DATE OF EVENT: October 6, 2018**

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Maiden Name \_\_\_\_\_ All previous married names \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

Race:  American Indian or Alaskan Native  Caucasian/White  Asian  
 Black or African American  Hispanic  Native Hawaiian or other Pacific Islander

Name and phone number (other than your number) of an English-speaking person we can call if we cannot reach you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

### Section 2: Medical History

1. When was your last screening mammogram? Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

2. Do you have breast implants? **Yes No**

3. Are you pregnant or breast-feeding? **Yes No**

4. Are you having any type of problem with your breasts? **Yes No**

5. Do you currently have breast cancer? **Yes No**

6. Have you had breast cancer in the last five year? **Yes No**

### Section 3: Health Insurance

**My health insurance information is already in the UTMB system**

**Below is my health insurance information (submit copy, back & front, of insurance card)**

**I do not have health insurance**

Name of Insurance (**submit copy, back & front, of insurance card**): \_\_\_\_\_

Insurance ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Patient Relationship to policy holder: \_\_\_\_\_ Name of policy holder: \_\_\_\_\_  
(Include any initials)

Policy holder date of birth: \_\_\_\_\_ Policy holder work (circle one): Full time or Part time or not working