

Access to Breast and Cervical Cancer Care for West Texas (ABC²4WT)

Recorded by: _____ Application Location: _____ Today's Date: _____

How did you learn about ABC² 4WT (Please select only one)

Collaborating partner (please name).....
 TV Newspaper Poster Radio Social Media Employer (please name).....
 Friend/Relative Church Your Physician's Office Handout
 Other

Patient Legal Name: _____ Social Security #: _____

Maiden Name/Also Known As: _____ Married? _____ Race: _____

Date of Birth (mm/dd/yyyy): _____ Circle Applicable Age Groups: 9-26 21-29 30-65 ≥ 40 yrs

Address: _____ City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

May we leave a message? Yes No When is the best time to call?: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Do you have insurance? Yes No Name of company or medical coverage: _____

Do you have a healthcare provider? Yes No Name: _____

Date of Last Mammogram: _____ Where? _____ Results: _____

Are you currently experiencing any breast problems? Lump Nipple Discharge Other _____

Date of Last Pap: _____ Where? _____ Results _____ Last Period _____

Are you currently experiencing any cervix related problems? Bleeding after intercourse Other _____

Date of Last HPV vaccination: _____ Where? _____ Did you complete the 3 doses of HPV? Yes No

Household income before taxes (gross): \$ _____ Annual Monthly # of people who live on this income: _____

Must bring at time of service: *Photo ID *Proof of Income *Proof of Current Texas Address *Medical Coverage Card (if applicable)

FOR OFFICE USE ONLY:

Funding Source:

BCCS	ABC24WT	Medicare/Medicaid
Commercial Insurance	Other Charity: Name	

New Applicant Return Reason for denial of BCCS: _____

Additional Notes: _____

Qualifying ABC²4WT Personnel: _____ Region: COG-1 COG-2 COG-7 Date _____

Mammogram Services

Appt. Date/Time: _____

Facility: _____

Cervical Care Services

Appt. Date/Time: _____

Facility: _____

HPV Vaccination

Appt. Date/Time: _____

Facility: _____