



**CAPE FEAR VALLEY
BREAST CARE CENTER
524 Beaumont Rd., Fayetteville, NC 28304
Phone: 910-615-4599 Fax: 910-615-5973
Mammography Outreach**

Date: _____

Full Name: _____ Date of Birth: _____ Age: _____

Patients Address: _____

Home Phone #: _____ Alternate Phone #: _____ SS#: _____

Sex: _____ Race: _____ Religion: _____ Marital Status: _____ Maiden Name: _____

Employed: Yes No; If yes where: _____

Emergency Contact _____ Phone# _____ Relationship: _____

Doctor : _____ Dr. Phone#: _____ Dr. Fax #: _____

Doctors mailing address: _____

Any Prior Mammograms: Yes No : If Yes Where: _____

Family history of Breast Cancer:

Mother: Yes No

Sister: Yes No

Daughter: Yes No

Grandmother: Yes No

Aunt : Yes No

Total number of pregnancies:

Number of live births: _____

Age at first pregnancy: _____

Number of months breast feeding: _____

Are you currently breast feeding : _____

Have you/are you taking:

Birth Control : Yes No

Estrogen: Yes No

Progesterone: Yes No

Natural Hormones: Yes No

Menstrual History:

Date of last menstrual period: _____

Any chance you may be pregnant: _____

Age at first menstrual period: _____

Age at last menstrual period: _____

Hysterectomy: Yes No

Ovaries removed: Yes No

Have you ever been informed by a Doctor of any type of Cancer?

Yes No; If Yes When and Where on your body: _____

When did your Doctor last exam your breast for lumps? _____

Do you exam your breast monthly? Yes No

Current breast problems: Yes No; If Yes explain _____

Previous breast surgeries: Yes No; If yes when/where; _____

MUST COMPLETE THIS SECTION to apply for FOCC (No Insurance)

Health Insurance: Yes No

Number of people in Household: _____

Total Monthly Household Income: \$ _____

How did you learn of this program: _____

Patient Signature: _____ Date: _____

Confirming all provided information is correct.

Fax to 910-615-5973, mail or deliver to Breast Care Center

FOCC Funds are made possible through donations to the Cape Fear Valley Health Foundation's Friends of the Cancer Center