BreastScreen Victoria

Registration & Consent Form

Use BLOCK LETTERS or [X] and sign. Please check the pre-filled information and update as required. For example: [✱] Yes [X] No

Your personal information is protected by law including the Health Records Act 2001 (Vic). We must collect information under the Improving Cancer Outcomes Act 2014 to provide breast cancer screening and assessment. Your information may be used for the purpose of funding, planning and monitoring our program and conducting training and research into breast cancer and breast screening. Read our Privacy Policy online at breastscreen.org.au/privacy

The details provided below may be used to contact you and leave a message identifying ourselves as BreastScreen Victoria.

☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other _____ Date of birth ☐☐/☐☐/☐☐☐☐ (D D M M Y Y Y Y)

☐ She/Her ☐ He/Him ☐ They/Them ☐ Other pronouns _____

Surname _____ Mobile _____

Given names _____ Additional number _____

Surname at birth _____ Preferred name _____

Email _____

Home address _____

Postal address (If different from home address) _____

Q1 Country of birth _____

Q2 Do you speak a language other than English at home? ☐ Yes ☐ No (If No, go to Q3)

If Yes, what is the main language other than English you speak at home? _____

Q3 Are you of Aboriginal or Torres Strait Islander origin? ☐ Yes ☐ No (If No, go to Q4)

If Yes, are you ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

Q4 The results from your breast screen (mammogram) will be sent to you. If you would also like a copy sent to your doctor(s) or breast specialist, please provide their details below.

Doctor _____
Clinic name _____

Address _____

_____ Postcode _____

Phone number _____

Doctor _____
Clinic name _____

Address _____

_____ Postcode _____

Phone number _____

BreastScreen Victoria does not screen women who are pregnant or breastfeeding.

Q5 Are you, or could you be, pregnant? ☐ Yes ☐ No

Q6 Are you breastfeeding? ☐ Yes ☐ No

Q7 Are you currently using Hormone Replacement Therapy (HRT)? ☐ Yes ☐ No (If No, go to Q8)

If Yes, did you start using HRT after your last breast screen (mammogram)? ☐ Yes ☐ No

Q8 Was your last breast screen (mammogram) outside of the BreastScreen Victoria program? ☐ Yes ☐ No (If No, go to Q9)

If Yes, please provide location and date (month and year); an estimate is fine.

Location _____ Date ☐☐/☐☐☐☐ (M M Y Y Y Y)

Q9 Have any of your family members (blood relatives) ever been diagnosed with breast cancer?

Only include: Mother, father, sister, brother, daughter, son, aunt, uncle, half-sister, half-brother, grandmother, grandfather, niece or nephew.

☐ **Yes** ☐ **No** ☐ **Do not know** If **Yes**, please complete the following table:

Family member (For example mother)	Age cancer was found (If uncertain, please estimate)	Where breast cancer was found: One breast	Both	Unknown	Side of family: Mother's side	Father's side
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐

Questions 10 and 11 refer only to ovarian cancer; not other abdominal, cervical or uterine cancer.

Q10 Have any of your blood relatives ever been diagnosed with ovarian cancer? ☐ **Yes** ☐ **No** ☐ **Do not know**

Only include; Mother, sister, daughter, aunt, half-sister, grandmother or niece.

If **Yes**, please complete the following table:

Family member	Mother's side	Father's side
	☐	☐
	☐	☐

Q11 Have you had ovarian cancer in the past? ☐ **Yes** ☐ **No**

Q12 Have you had breast cancer or DCIS (pre-cancer) in the past? ☐ **Yes** ☐ **No** (If No, go to Q13)

If **Yes**, was your breast treated by:

☐ Breast-conserving surgery (removal of lump)

☐ Mastectomy (removal of breast)

☐ Other, please specify

Which breast(s)? ☐ Right ☐ Left

Which year were you diagnosed? ☐☐☐☐ Y Y Y Y

Q13 Have you previously had surgery to either breast (excluding breast implants)? ☐ **Yes** ☐ **No** ☐ **Right** ☐ **Left**

If **Yes**, ☐ In the past two years ☐ More than two years ago If more than two years, approx what year? ☐☐☐☐ Y Y Y Y

The BreastScreen Victoria program is for women with no breast symptoms.
If you notice changes to your breasts see your doctor as soon as possible.

Q14 Do you have breast lump(s) that you can feel now? ☐ **Yes** ☐ **No** (If no, go to Q15)

If **Yes**, which breast is the lump in? ☐ Right ☐ Left

Has the lump been present for less than 12 months? ☐ Yes ☐ No

Has your doctor examined the lump? ☐ Yes ☐ No

Q15 Do you have bloodstained or watery nipple discharge now? ☐ **Yes** ☐ **No** (If no, go to Q16)

If **Yes**, is the nipple discharge bloodstained or clear/watery? ☐ Bloodstained ☐ Clear/watery

Which breast has the nipple discharge? ☐ Right ☐ Left

Has the nipple discharge been present for less than 12 months? ☐ Yes ☐ No

Has your doctor examined the nipple discharge? ☐ Yes ☐ No

Q16 Do you have any other breast symptoms now? ☐ **Yes** ☐ **No** ☐ **Right** ☐ **Left**

(If no, go to Q17) If **Yes**, please specify

Q17 Can BreastScreen Victoria collect your previous breast images and related files from other health service providers, and share your breast images and related files with other health service providers for purposes of comparison and your care? BreastScreen Victoria will collect and share your breast images and related files in accordance with its Privacy Policy and Information Sheet found at www.breastscreen.org.au/privacy ☐ **Yes** ☐ **No**

By signing below, I acknowledge I have read and understand the *BreastScreen Victoria Information Sheet.*
I acknowledge that the information on this form is correct. I agree to participate in the BreastScreen Victoria program.
I understand that I can ask questions, stop the breast screen (mammogram) or withdraw from the program at any time.

Signature x

Date ☐☐/☐☐/☐☐☐☐ D D M M Y Y Y Y

Name