BreastScreen Aotearoa - Enrolment Form

(For General Practitioner Use)

Please complete this form to enrol women aged 45 to 69 on the BreastScreen Aotearoa programme where they will receive ***free*** two yearly mammograms.

You must obtain the woman's consent for her to be enrolled in the BSA programme before completing this form.

Woman's Contact Details	
Full Name: Woman's Previous Surname:	NHI Number: (if known)
Home Address:	Date of Birth
Postal Address: (if different from above)	Age
Telephone – Home: ( ) Work: ( )	Other: ( )

Is the woman eligible?	
To the best of your knowledge, is the woman eligible?	Y / N
The woman must: be aged 45 to 69 years	
be a New Zealand Resident	
have NO symptoms of breast problems	
NOT have been diagnosed with breast cancer in the last 5 years	

Additional information to assist screening (This will enable appropriate time and resources to be provided)	
Does the woman have breast implants?	Y / N / Unknown
Has the woman had a mammogram before?	Y / N / Unknown
If YES, Location: _____ Month/Year: _____/_____	
N.B. A woman will not be screened until at least 12 months after a previous mammogram.	
Is additional support required (e.g. cultural, mobility, interpreter)?	Y / N / Unknown
If YES, please specify: _____	

General Practitioner Details	
Date this Enrolment Form was completed: _____/_____/_____	
GP / Doctor Name:	
Surgery / Practice Name:	Telephone:

Please fax this referral to the BSA Lead Provider in your region or phone 0800 270 200

BreastScreen Waitemata Northland *West Auckland, North Shore, Rodney and Northland* Fax (09) 484 0201	**BreastScreen Auckland Ltd** *Central Auckland* Fax (09) 522 7090	**BreastScreen Counties Manukau** *Counties Manukau* Fax (09) 261 3380	**BreastScreen Midland** *Waikato and Bay of Plenty* Fax (07) 858 0982
BreastScreen Coast to Coast *Taranaki, Wanganui, Manawatu, Hawke's Bay, Gisborne* Fax (06) 350 1531	**BreastScreen Central** *Wellington Region* Fax (04) 570 9279	**BreastScreen South** *Canterbury, West Coast, Tasman and Marlborough* Fax (03) 379 6130	**BreastScreen HealthCare** *Otago and Southland* Fax (03) 470 9514