



Mammogram Intake Form

Date: _____ Interviewer: _____

Name: _____

Street Address: _____ Apt. # _____

City, State, & Zip: _____ County _____

Phone: H: _____ W: _____ C: _____

Birth Date: _____ Age _____

Race (Optional): Black Asian Caucasian Hispanic Other _____

How Did You Hear About the Mammogram Program?

Doctor/Hospital/Clinic _____ Health Fair/Outreach _____

Friend Newspaper/Magazine Internet Radio/TV Flyer

Other _____

Sister of Faith Location: _____