

Health questionnaire

Brustkrebs früh erkennen
Dépister le cancer du sein
Diagnosi precoce del cancro del seno
Constatar a temp il cancer dal sain



Please complete both sides of this form and bring it with you to your mammography

Last name	_____	Birth name	_____
First name	_____	Date of birth	_____
Address	_____	Post code/Town	_____
Home tel.	_____	Mobile	_____
Email	_____	Health insurance	_____
Insurance no.	_____		

We recommend that you also provide details of **your gynaecologist**. I would like the following doctor to be informed of the examination results:

Last name	_____	Address	_____
First name	_____	Post code/Town	_____

IMPORTANT – Declaration of consent

I, the undersigned, confirm the following:

- I have received written information and I have read the information brochure.
- I have noted that my anonymised data may be processed and stored for statistical purposes and for quality control and to demonstrate the efficacy of the mammography screening programme.
- I understand that, if applicable, all of the breast cancer data relating to me collected during the programme will be recorded in the cantonal cancer register in accordance with the national cancer registration act.
- I understand that this examination will be subject to payment of a fixed fee regardless of my health insurance policy excess and that only an excess of 10% will be payable and I will therefore not automatically receive a copy of the invoice. If I wish to obtain a copy, I will request one from the programme centre.

Date: _____ Signature: _____

Please sign above. The mammography cannot be carried out without your signature.

By taking part, I declare my consent to the following:

- Mammogram images recorded outside the programme may be forwarded if required to the responsible specialist medical staff at the institute who are involved in the programme.
- The mammogram images and examination results collected in the programme may be forwarded to doctors for further treatment if required.
- The doctors providing me with further treatment may pass on examination reports and images (e.g. following a further investigation or if a breast disease is detected) to the programme centre.
- If I move to a different residential address, where applicable images and results can be forwarded to the screening programme of the canton in which my new address is located.
- If the results are normal, a minimal dataset (last name, first name, date of birth, post code) will be recorded in the cancer register. This will be used to monitor any occurrence of interval cancer (diagnosis of breast cancer between two examinations) for screening programme quality assurance purposes.

Your data will be used in accordance with the law. You have the right to obtain information about and to access your data and to withdraw your consent. Further information can be found in our privacy policy on our website.

Please answer the following questions:

1. Have you had a mammography before?

- No Yes Don't know

If yes, when was your most recent mammography?

Date: _____

Institute (location): _____

For what reason was this mammography carried out?

- Other Screening Problem with the breast Don't know

2. Are you currently receiving hormone therapy?

- No Yes, since _____ Don't know

Have you received hormone therapy in the past (e.g. pill or coil)?

- No, never
 Yes, but not for _____ years, treatment lasted for _____ years
 Don't know

3. Has your mother, sister or daughter ever been diagnosed with breast cancer?

- No Yes Don't know

If yes, how old was/were the affected person(s) at the time of the diagnosis?	Your mother	Your sister	Your daughter	Other relatives
50 or older				
Under 50				
Don't know				

4. Have you ever had breast surgery?

- No Yes Don't know

If yes, please tell us whether this was due to	Right breast	Left breast	Further details	Year
A benign change				
Breast cancer				
Breast enlargement				
Breast reduction				
Other				

Women with breast implants can also have a mammography. In this case, the mammography may not result in a full assessment and it may involve additional risks. Please discuss with your doctor whether alternative imaging procedures would be better in your case.

Before your appointment, please do not use any cosmetic products such as body lotion or deodorants.

To be filled in by medical staff

Examination date: _____ Examination location: _____