



An enrolment and booking form for BreastScreen Midland

Please complete this form to enrol for a FREE mammogram every two years.
This programme is offered to eligible women in New Zealand aged 45-69 years (inclusive).

Family name:		First name: Middle name:	
Date of birth:	NHI: (office use only)	Telephone: Home: Work: Mobile:	
Address:		Postal address: (if different from address)	
Which ethnic group do you belong to? <input type="checkbox"/> New Zealand European <input type="checkbox"/> Māori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Māori <input type="checkbox"/> Tongan <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) - Please state: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		GP/Doctor: Surgery name: Do you wish your doctor to get a copy of your results? Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/> Were you born in New Zealand, Niue, Tokelau or Cook Islands? Yes <input type="checkbox"/> → Town/Island: _____ No <input type="checkbox"/> → Please attach proof of residency status and photo page of your passport with this enrolment form. <hr/> Have you noticed any changes in your breasts in the last 12 months, other than pain and tenderness? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you had a mammogram (breast x-ray) before?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, the last one was where? _____ Approx when? _____ (month/year)			
Have you ever been diagnosed with breast cancer?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, date of diagnosis: _____ (month/year)			
Do you have breast implants?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
I would like BreastScreen Midland to send me a mammogram appointment. My most suitable day is _____ and time _____. I am aware I need to be available for up to three weeks following my appointment for possible recall. I am able to phone and change my appointment time I am sent.			
I authorise BreastScreen Midland to obtain mammographic information / images to support accurate mammogram assessment. I confirm the above information is correct. Signature: _____ Date: _____			
If authorising on behalf of the client sign above and state relationship/organisation: _____			
<div style="display: flex; justify-content: space-between;"> <div> Please post to: BreastScreen Midland Regional Centre Freepost 126989 P O Box 934 HAMILTON 3240 </div> <div> Fax: 07 858 0982 or call toll free 0800 270 200 </div> </div>			