MAMMOGRAFIE-SCREENING
KANTON BASEL-STADT

Telefon 061 319 91 70 | Fax 061 319 91 79
info@mammografiescreeningbasel.ch
www.mammografiescreeningbasel.ch

Health questionnaire

Your dossier no.
«IdDossier»

Personal details

Surname	Maiden name
First name	Date of birth
Address	Profession/Occupation
Postcode/Town	First language
Tel. home	Mobile phone
Tel. work	E-mail
Health insurance	Insurance no.
Nationality	AHV (Swiss social security) no.
Comments:	

Both you and your gynaecologist will be informed of the results of the examination in writing within eight working days.

Please give us the details of your gynaecologist	Please send the results to: ☐ GP ☐ other physician
Surname	Surname
First name	First name
Address	Address
Postcode/Town	Postcode/Town

Why are we asking questions about your health? This information is important for the two radiologists who will assess your mammogram images independently.
I have already filled in this form. Do I need to fill it in again? YES, because some details may have changed since your last mammogram.

1. Have you ever had a mammogram?	☐ Yes ☐ No
If yes, when?	Date: Name of the institute:
If yes, why?	☐ Screening ☐ Breast problems ☐ Other reasons ☐ Don't know
2. Are you being treated with hormones?	☐ No ☐ Yes, for _____ years
Have you been treated with hormones in the past?	☐ No, never ☐ Yes, Date of last treatment: _____ Duration: _____ months

3. Has your mother, sister or daughter had breast cancer?	☐ No		☐ Yes	
If yes, how old was she when the breast cancer was diagnosed?	**Your mother**	**Your sister**	**Your daughter**	
50 years or older	☐	☐	☐	
Younger than 50 years	☐	☐	☐	
Don't know	☐	☐	☐	

4. Do you have any current breast problems?	☐ No	☐ Yes
If yes:	**Right breast**	**Left breast**
Pain	☐	☐
Discharge from the nipple	☐	☐
Lump	☐	☐
Other change (please provide more details)	☐	☐

5. Have you had breast surgery in the past?	☐ No		☐ Yes	
If yes:	**Right breast**	**Left breast**	**Brief description**	**Year**
Benign change (cyst, fibroma, etc.)	☐	☐		
Breast cancer	☐	☐		
Breast enlargement and/or breast reduction	☐	☐		
Don't know	☐	☐		
Other (please indicate):	☐	☐		

IMPORTANT – Declaration of consent

With my signature I agree that:

- my previous, archived mammogram images may be made available to the responsible physician at the radiology institute and to the accredited radiologists.
- my data, in anonymous form, may be used and stored for statistical purposes and for the quality and efficacy control of the breast cancer screening programme, according to the regulations governing privacy rights.
- Information required regarding possible cases of breast cancer may be obtained by the Cancer Registry in order to monitor the quality and effectiveness of the breast cancer screening programme. I hereby release the Cancer Registry doctors and their assistants from their duty of medical confidentiality vis-à-vis the doctors working on the breast cancer screening programme.
- the results in connection with possible breast disease can be obtained from my attending physician, whom I herewith release from any obligation to confidentiality towards physicians involved in the breast cancer screening programme and the cancer registry. These data will be treated in confidence and according to medical confidentiality.
- I have informed myself about breast cancer screening.

I can withdraw this declaration of consent at any time.

Place/Date: .....

Signature: .....

If you require assistance completing the health questionnaire, the programme centre of the Basel Cancer League will be happy to help you on telephone no. 061 319 91 70.

Information checked/completed by screening staff (surname, first name) :

.....