

## Limited Enrollment Approval (vers. 2008)

- Uninsured women age 40 49 at high risk and/or symptomatic for breast cancer
- Uninsured women age 30 39 symptomatic for breast cancer
- Uninsured women age 30 39 at high risk and/or symptomatic for cervical cancer

Client Name:	Age:
Enrollment based on the following clinical symptoms or risk factors for <u>breast cancer</u> :  Clinical Findings: (Uninsured women age 30 – 49 can be enrolled if	Enrollment based on the following clinical symptoms or risk factors for <u>cervical cancer</u> : (Uninsured women <b>age 30 – 39</b> can be enrolled based on having at least one risk factor and/or symptoms for cervical cancer)
symptomatic)	Clinical Findings:
<ul><li>☐ Unilateral</li><li>☐ Irregular boundaries</li><li>☐ Non-moveable</li><li>☐ Tender</li><li>☐ Non-tender</li></ul>	<ul> <li>□ Previous abnormal pap/cervical cytology/colposcopy/or biopsy</li> </ul>
□ Discharge □ Scaling	Date of prior cytology and results if known:
□ Dimpling or retraction □ Other	
□ Confirmed by CBE, performed by	Date of colposcopy/ biopsy and results if known:
□ Confirmed by mammogram	☐ HPV Positive Date
	☐ Hx of other sexually transmitted infections
Additional Information:   □ Post menopausal	□ Abnormal bleeding □ Lesion – size
	☐ Prior LEEP/Cone ☐ Cervical Erosion
	Additional Clinical information (i.e. pertinent clinical history, physical findings, gynecological surgery):
Risk Factors:	
(Uninsured women <b>age 40 – 49</b> can be enrolled if the following applies)	
□ Breast cancer hx: Self Age at onset:	Risk Factors:
□ Breast biopsy hx: Number of biopsies:	□ Never or rarely screened:
□ Result of atypical hyperplasia	(Defined by Centers for Disease Control as a risk factor)
□ Previous chest irradiation	☐ Has never had a Pap ☐ 5 years or more since smear last Pap smear
	□ <u>Hx of reproductive cancer</u>
	□ Tobacco use: Number of years
Based on information documented above, this client is at high risk and/or symptomatic for breast and/or cervical cancer. Client is not currently undergoing diagnostic workup. Enrollment in Women's Health Check for breast and/or cervical cancer screening is recommended.	
Clinician: Title:	Phone: Date:
Contacting Clinic:	
Submit with Enrollment Form	