

BKFP QUESTIONNAIRE

1. My last mammogram was on:	where:	Preliminary image: <input type="radio"/> yes	<input type="radio"/> no
<hr/>			
2. Breast diseases:	<input type="radio"/> yes	<input type="radio"/> no	which:
<hr/>			
3. Breast diseases in my family:	<input type="radio"/> yes	<input type="radio"/> no	which:
<hr/>			
4. I have complaints/pain:	<input type="radio"/> yes	<input type="radio"/> no	which:
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You can specify a physician/doctor who you trust in connection with early detection. If you indicate a trusted physician, this person will only be informed that you have had an early detection examination today. Automatic transmission of results will not take place. Your physician will only learn of the results of your examination for certain if you visit his or her office with the findings.

Name of doctor/physician:

Address:

Specialisation:

Please indicate an address at which you may be contacted over the next 14 days:

Name:

Address:

Telephone:

If your results include an invitation to take further steps for clarification and/or discussion of results with us, please comply with this request. If you do not do this, it may have serious consequences for your health.

With your consent, you hereby declare that your trusted doctor/physician may receive a copy of your results from this investigation for purposes of information at his/her request.

In the event that you do not feel well informed by this written information, you can always request a patient briefing by a doctor/physician.

- I understand the written information, am sufficiently informed and waive any requirement for oral clarification.
- I understand that, if results need to be explained, I shall immediately contact your facility in order to arrange an appointment with a doctor/physician about my results and any further measures that need to be taken.
- I agree that a copy of my results may be sent to my trusted doctor/physician if he/she so wishes.

Date

Signature of participant