# *WOMEN'S WAY* DEMOGRAPHICS

NORTH DAKOTA DEPARTMENT OF HEALTH
CANCER PREVENTION AND CONTROL
SFN 54024 (5-2017)

**IDENTIFICATION & ENROLLMENT**

| **Name (Last, First, Middle Initial)** | Social Security Number * | Alternate ID Number |
|---|---|---|
| Maiden Name | Any Other Last Name Used | Date of Birth (MM/DD/YYYY) |
| Enrollment Site | County of Enrollment | Type ☐ Enrollment ☐ Re-Enrollment / Date (MM/DD/YYYY) |
| Appointment Location/Provider | | Appointment Date (MM/DD/YYYY) |

**MAILING ADDRESS**

| Street or P.O. Box | City | County | State | ZIP Code |
|---|---|---|---|---|
| Home Phone Number | Cell Phone Number | Work Phone Number | Email | |

**ALTERNATE ADDRESS (Secondary)**

| Street Address | City | State | ZIP Code | Alt Telephone No. |
|---|---|---|---|---|

**DEMOGRAPHICS**

Race(s) (check all that apply)
☐ White ☐ Asian ☐ American Indian ☐ Eskimo
☐ Black ☐ Pacific Islander ☐ Native Hawaiian ☐ Unknown

Hispanic/Latino Origin
☐ Yes ☐ No ☐ Unknown

Client Status
☐ 1. Active ☐ 2. Inactive ☐ 3. Out of Area ☐ 4. Temp Inactive ☐ 5. Deceased

Date of Status Change (MM/DD/YYYY)

Visit Type
☐ 1. Initial ☐ 2. Re-Screen (Annual) ☐ 3. Re-Screen (Follow-up)

Status Notes

Health Insurance (check all that apply)
☐ 1. None Referred to: ☐ Marketplace ☐ Medicaid Expansion ☐ Other: _____
☐ 2. Health Insurance ☐ 3. Medicare A ☐ 4. Other: _____ ☐ 5. Medicaid

**Please provide a copy of insurance card (front and back).**

| Name of Insurance Company | Name of Policyholder | Policyholder Date of Birth (MM/DD/YYYY) |
|---|---|---|
| Insurance Benefit Plan Number | Insurance Company Telephone Number | Coverage Dates |

Household Status
☐ 1. Never Married ☐ 2. Married ☐ 3. Widowed ☐ 4. Divorced/Separated ☐ 5. Domestic Partner ☐ 6. Other:

Are you a smoker/tobacco user?
☐ 1. No ☐ 2. Former ☐ 3. Yes

Are you interested in quitting at this time?
☐ 1. Yes ☐ 2. No ☐ 3. Not Applicable

Are you exposed to second-hand smoke?
☐ 1. Yes ☐ 2. No

Referral offered?
☐ 1. Yes ☐ 2. No ☐ 3. Declined ☐ 4. Not Applicable

Comments

Education
☐ 1. 8th Grade or Less ☐ 3. High School Graduate/GED ☐ 5. Technical School Graduate ☐ 7. College Graduate
☐ 2. Some High School ☐ 4. Some Technical School ☐ 6. Some College ☐ 8. Unknown

Number Living in Household (including yourself)

Total Gross Monthly Household Income (before taxes)

Referral Source (check all that apply)
☐ 1. Self ☐ 3. Outreach ☐ 5. TV Campaign ☐ 7. Newspaper
☐ 2. Provider ☐ 4. WW/BCCP Reminder ☐ 6. Radio Campaign ☐ 8. Other: _____

| **Name (Last, First, Middle Initial)** | | Date of Birth (MM/DD/YYYY) |
|---|---|---|
| Previous Mammogram?<br>☐ 1. Yes ☐ 2. No | If Yes, Date of Last Mammogram (MM/DD/YYYY) | Implants?<br>☐ 1. Yes ☐ 2. No |
| Noticed Changes in Breast?<br>☐ 1. Yes ☐ 2. No | If Yes, Specify Changes<br>☐ 1. Skin Different ☐ 3. Nipple Discharge ☐ 5. Other: _____<br>☐ 2. Lump ☐ 4. Nipple Inversion | |
| Do you have a history of breast cancer in your family? (check all that apply)<br>☐ 1. Mother ☐ 2. Sister ☐ 3. Aunt ☐ 4. Daughter ☐ 5. Grandmother ☐ 6. None ☐ 7. Unknown ☐ 8. Self | | |
| Have you been taught breast self-exam?<br>☐ 1. Yes ☐ 2. No | | |
| Previous Pap Test?<br>☐ 1. Yes ☐ 2. No | If Yes, Date of Last Pap | History of Abnormal Paps?<br>☐ 1. Yes ☐ 2. No |
| Have you had a Hysterectomy?<br>☐ 1. Yes ☐ 2. No | If Yes,Reason for Hysterectomy<br>☐ 1. Cervical Cancer ☐ 2. Unknown ☐ 3. Cervical Pre-Cancer ☐ 4. Non-Cancer | |
| Do you still have a cervix?<br>☐ 1. Yes ☐ 2. No ☐ 3. Unknown | | |

**I verify that, to the best of my knowledge, all information I have provided to *Women's Way* is true and accurate.**

| Signature | Date (MM/DD/YYYY) |
|---|---|
| Contact Person (list someone NOT in your household, i.e., relative, neighbor, friend, etc.) | |
| Relationship to the Applicant | Telephone Number |

**Questions? Please contact your Enrolling Site Office at 800.44 WOMEN or 701.328.2306**

According to the Privacy Act of 1974, this is to let *Women's Way* clients know that disclosure of a social security number to *Women's Way* is voluntary and it is requested for identification purposes only. Failure to disclose this information will not affect participation in this program.