Application Form for

Preventative Mammogram Screening

Applications accepted year round

Winneshiek County Celebration of Life, a not for profit organization, is dedicated to the health and well being of women and men in our area. Our mission is to promote awareness and early detection of disease through education and financial support of preventive and screening services. Complete Mammogram Screening Online form. Through the generosity of local businesses, individuals and memorials, we are able to provide free mammograms to qualifying area women.

1. What County do you reside in?

_____

2. Are you at least 40 years of age, or have a family history of breast cancer?

▫ Yes ▫ No Birth Date _____/_____/_____

3.) Do you have Medical Insurance? ▫ Yes ▫ No

If yes, what is your deductible? $_____

4. What is your gross annual household income?

_____

5.) How many members are there in your family household?

_____

6.) Have you ever had a Mammogram? ▫ Yes ▫ No

7) To qualify, you must be a Winneshiek County resident or your doctor must be located or associated with WMC or Gundersen clinics in Winneshiek County. What is the name of your doctor who will receive these results?

_____

▫ **I prefer to have my mammogram at WinMed**

▫ **I prefer to have my mammogram at Gundersen Decorah Clinic**

Completed applications may be mailed to: WCCOL, P.O.Box 314, Decorah, IA 52101.

Your information will be reviewed by the Winneshiek County Celebration of Life Committee and you will be notified if your application is approved or denied. If approved, we will attempt to contact you three times by phone to arrange an appointment. Your screening results will be sent to your primary care provider.

Please provide us with your contact information:

Name:_____

Address/City/St/Zip: _____

Phone: _____Can we leave a message? ▫ Yes ▫ No

Signature: _____Date:_____

For Committee Use

Screening Approved: ▫ Yes ▫ No **Completed by:** ▫ GL-DC ▫ WMC **Date mammogram completed:** _____

Patient physician/provider: _____ **Committee Initials:** _____