Enrollment Form for Women 40-64

Online Form Only - Green

Every Woman Matters

Nebraska Office of Women's Health

Please write clearly. Shaded boxes must be filled in and page 2 must be signed. Fill in as much of the rest of the form as you can.

#4-Version January 2006

Call us if you have questions
(800) 532-2227
Reasonable accommodations made for persons with disabilities.
TDD (800) 833-7352.

First Name	Initial	**Last Name**	Maiden Name
Birthdate / /	Age	Social Security #	

Address	**City**	County	**State**	**Zip**

Home Phone ( )	Work Phone ( )	How did you hear about Every Woman Matters? ☐ family/friend ☐ doctor/clinic ☐ agency ☐ self-referral ☐ other ☐ newspaper/radio/TV ☐ outreach worker

Contact person *in case we can't reach you*	Relationship	Phone - Home or Work *circle one* ( )

Address	City	State	Zip

What race or ethnicity are you?
- ☐ American Indian Tribe _____
- ☐ Black/African American
- ☐ Mexican American
- ☐ White
- ☐ Asian
- ☐ Pacific Islander
- ☐ Other _____

Are you of Hispanic/Latina origin?
☐ Yes ☐ No

Country of origin _____

What is your primary language?
☐ English ☐ Spanish
☐ Vietnamese ☐ Other _____

Highest grade in school you completed: *circle one* **0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+**

Have you ever had these exams in the past? *If you do not know exact date, give your best guess.*

Pap test ☐ No ☐ Yes Date last exam ___/___/___ Results: ☐ Normal ☐ Abnormal
What did your doctor say about your exam? _____

Mammogram ☐ No ☐ Yes Date last exam ___/___/___ Results: ☐ Normal ☐ Abnormal
breast x-ray
What did your doctor say about your exam? _____

Has your mother, sister or daughter ever had breast cancer?	☐ No	☐ Yes	☐ Don't Know
Have you ever had breast cancer?	☐ No	☐ Yes	☐ Don't Know
Have you ever had a hysterectomy *removal of the uterus*?	☐ No	☐ Yes	☐ Don't Know
If you have had a hysterectomy, was it to take care of cancer?	☐ No	☐ Yes	☐ Don't Know

I will be required to show proof that my income is within the EWM income guidelines when I am contacted by EWM program staff. If I am found to be over the income guidelines, I will be responsible for my bills.

What is your household income before taxes?
Yearly Income: $

How many people live on this income?

Do you have:
- ☐ **Medicare Part A and B**
- ☐ **Medicaire Part A only**
- ☐ **Medicaid (full coverage for self)**
- ☐ **None/No Coverage**
- ☐ **Private Insurance with or without Medicaid Supplement** ***(please list)***

_____

Is your insurance an HMO? ☐ **Yes** ☐ **No** *An HMO is a health maintenance organization.*
If you have Medicaid for yourself or your insurance is an HMO, you may not enroll in Every Woman Matters.

MUST READ AND SIGN BACK ☞☞☞☞

Mailing Address: Every Woman Matters-301 Centennial Mall South, P.O. Box 94817-Lincoln, NE 68509-4817

Informed Consent and Release of Medical Information

1. Read this page
2. Sign it to show that you know what it means and agree to it.
3. You must sign this page to be a part of Every Woman Matters.

- I want to be a part of the Every Woman Matters Program. I know I:
  - Cannot be over income guidelines
  - Cannot have Medicaid
  - Cannot have Medicare
  - Cannot be a member of a Health Maintenance Organization (HMO)
- If I am under 40 years of age, I know I will not be a part of EWM once I have had my breast or cervical cancer diagnostic tests.
- I know that I can tell EWM if I do not wish to be a part of this program anymore.
- I know that if I am 40-64 years of age, I can receive additional screenings for blood pressure, cholesterol, and diabetes. If any of these screenings are cause for concern, I may be asked to return for more tests, and I may also be referred to a program to learn how to change my diet, get more exercise, and/or stop smoking.
- I have talked with the clinic about how I am going to pay for any tests or services that are not paid by EWM.
- EWM may remind me when it is time for me to go to my screening exams and send me mail to help me learn more about my health. I accept responsibility for following through on any advice my doctor may give me.
- My doctor, laboratory, clinic, radiology unit, and/or hospital can give the results of my breast and cervical cancer screening exams, heart disease and diabetes screening exams, follow up exams, and/or treatment to EWM.
- My name, address, social security number and/or other personal information will be used only by EWM. It may be used to let me know if I need follow up exams. This information may be shared with other organizations as required to receive treatment resources.
- Other information may be used for studies approved by EWM and/or The Centers for Disease Prevention and Control (CDC) for use by outside researchers to learn more about women's health. These studies will not use my name or other personal information.

Client Signature _____ Date of Signature/Enrollment _____

Please Print Name _____ Date of Birth _____

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Screening Services Available	
18 through 39	❖No Services Available*
* If you are under 39 and were enrolled in EWM prior to July 1, 1997, you were "grandmothered" into the program, therefore you can have the following services. •Pap Smear** with a Pelvic Exam •Clinical Breast Exam •Teaching of Breast Self-Exam ** If you have had three (3) normal Pap tests within three (3) years, you may not be eligible for a Pap test or you may not need a Pap test. Your provider will disucss this with you.	
40 through 64	❖Pap Smear** with a Pelvic Exam ❖Clinical Breast Exam ❖Teaching of Breast Self-Exam ❖Screening Mammogram ❖Blood Pressure Check ❖Height and Weight Check ❖Lipids/Triglycerides Check ❖Glucose or A1c if previously diagnosed with diabetes
65+	❖No Services Available
Diagnostic Services Available	
18 through 29	❖Colposcopy-directed biopsy ❖Repeat Clinical Breast Exam ❖Referral for breast lump evaluation ❖Fine Needle/Cyst Aspiration of the breast ❖Ultrasound Guided Cyst Aspiration/Fine Needle Aspiration ❖Breast Biopsy of any kind
30 through 39	❖Same Services for 18 through 29 ❖Diagnostic Mammogram
40 through 64	❖Same Services for 18 through 29 ❖Same Services for 30-39 ❖Breast Ultrasound
65+	❖No Services Available
Additional Screening Services	
18 through 39	❖No Services Available
40 through 64	❖Follow Up Pap smears after abnormal Pap smear/ Colposcopy with Biopsy ❖Follow up Clinical Breast Exam ❖Follow up Mammogram ❖One repeat blood draw for elevated lipids, triglycerides, glucose ❖One repeat blood pressure check ❖One counseling visit with a contracted provider for lifestyle intervention ❖EWM lifestyle interventions for healthy living
65+	❖No Services Available
Services EWM Does NOT Pay For	
All clients	❖Exams done before enrollment in EWM ❖Other tests the doctor may order at the visit such as a urine test, pelvic ultrasound, endometrial biopsy, or blood tests (other than to test for glucose or cholesterol). ❖Diagnostic exams not listed above ❖A pelvic exam done alone without a Pap test or other covered services ❖Treatment - if diagnosed with breast or cervical pre-cancer or cancer, program staff or Medicaid staff may check client income and help find the most appropriate treatment resources ❖Inpatient hospital or treatment services - treatment services includes any medical or surgical services or medicine prescribed by a doctor (i.e., cancer medication, radiation, etc.) ❖Computer Aided Detection (CAD)