WEST VALLEY MEDICAL CENTER

West Valley Medical Center Women's Imaging Center

Mailing Address:
West Valley Medical Center
Women's Imaging Center
1717 Arlington Avenue
Caldwell, ID 83605

Physical Address:
Women's Imaging Center
Family Medical Center Building
315 E Elm St, Suite 330
208.455.3905

Client Name:

_____

Social Security # _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

County of Residence: _____

Is there someone we may contact in case we cannot reach you?

Name: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Client Eligibility:

1. Total household income before taxes

   $_____annually/ $_____monthly
2. Total number living in household for this income:_____
3. Number of children under 19 living with you: _____
4. Do you have a spouse who is currently living with you?
   ❑ Yes ❑ No
5. Do you have insurance that covers a mammogram?
   ❑ Yes ❑ No
6. Are you covered by Medicaid? ❑ Yes ❑ No
7. Are you age 40-65? ❑ Yes ❑ No

(For internal use only)

Client Eligibility based on:
❑ Income Guidelines
❑ No insurance
❑ Age 40-65 RN _____

Consent for Release of Information and Statement of Confidentiality

West Valley Medical Center must collect information from all grant participants to receive funding from the Power of Pink Foundation. By agreeing to take part in the grant, I give permission to any and all of my health care providers, clinics, and/or hospitals to provide all information concerning breast exams and mammograms, and any related care to the program and Cancer Data Registry of Idaho. Any published reports will not identify me by name. I understand that notifying me of results is a very important purpose for the program, and all available resources may be used to notify me if I have an abnormal result. I agree to have a breast exam, mammogram, and any diagnostic tests determined necessary. I understand that knowingly providing false information may result in criminal, civil, or administrative action.

Signature: _____ Date: _____