

Organized by :



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### Application for Free Breast Ultrasound

**i Personal Details**

Name: \_\_\_\_\_

IC. No: (New) \_\_\_\_\_ (Old) \_\_\_\_\_

Age: \_\_\_\_\_ Race: \_\_\_\_\_

Marital Status: Married  Single

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (Hp): \_\_\_\_\_

**ii Socio-economic Status**

Occupation: \_\_\_\_\_ Husband's Occupation: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Combined Monthly Income: \_\_\_\_\_

**\*Single Women** **\*Married Women**

**iii Criteria for Ultrasound Breast Screening Programme**

- Have high risk of breast cancer
- Family history
- Malaysian Women age of 30 to 70  
**For those women age of 40 to 70, mammogram is the primary imaging modality recommended**
- RM3000 and below (Single women)  
**\*Document required: Latest 1 month payslip or Latest EPF statement**
- Combined income of RM5000 and below (Married women)  
**\*Document required: Latest 1 month payslip or Latest EPF statement**

**iv Applicant's Declaration and Acknowledgement**

I certify that all of the information contained in this form and any other documentation is true and correct. I acknowledge that failure to provide true and correct information or provide false or deliberately misleading information in this application may result to actions being taken.

I acknowledge and understand the risks of breast ultrasound and the results from the screening. I also acknowledge and understand the possibilities that might arise during the screening. I will not take any legal actions against Mount Miriam Cancer Hospital for the matters mentioned above.

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*

\* Mount Miriam Cancer Hospital reserves the right to approve or decline the application. Decision from the organizer is final.

1 How did you come to know about this programme?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Facebook                       | <input type="checkbox"/> Poster       |
| <input type="checkbox"/> Brochure                       | <input type="checkbox"/> Exhibition   |
| <input type="checkbox"/> Newspaper                      | <input type="checkbox"/> Medical Talk |
| <input type="checkbox"/> Word-of-mouth (Family/ Friend) | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> MMCH Reflection/ Newsletter    |                                       |

Medical History

1 Are you having breast related problems?

- Yes  No

2 If yes, what kind of problem?

- Lump  Changes in skin  Discharge from nipple

3 Have you undergo mammogram/ breast ultrasound screening?

- Yes  No

4 If yes, please state the year of the screening and result?

Year \_\_\_\_\_

	Don't Know
	Negative
	Positive

Criteria for women at high risk

Session A

If has one of the following factors

- Family history of breast cancer.  
(i) **Mother, sister, or daughter diagnosed with breast cancer before the age of 50**
- BRCA1 and BRCA2 gene mutation carriers
- Atypia on breast biopsy report

**or**

Session B

If has two of the following factors

- Has not given birth before or women who gave birth to their first child after the age of 30
- Begin menstruation before the age of 12
- Start menopause after the age of 55
- Received Hormone Replacement Therapy (HRT) treatment before
- Obesity : Body Mass Index (BMI)  $\geq 27.5$

\*Kindly submit completed form to [customerservice@mountmiriam.com](mailto:customerservice@mountmiriam.com)

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**Approval** (to be filled in by Authorized Personnel)

Approved by :

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Authority's signature

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Date