



UNITED CANCER SUPPORT FOUNDATION

6700 Baum Drive Suite 8 Knoxville, TN • Phone: (865) 474-1551 • Email: info@unitedcsf.org

Free Cancer Screening Program Application

I want to get a:

- Free Mammogram
 Free PSA (prostate cancer screening)
- Free FIT kit (Colorectal cancer screening)
 Other: _____

PARTICIPANT CONTACT INFORMATION

First Name:		Birth Date:	
Last Name:		Age:	
Phone:		How did you hear about our program:	
E-mail:		Have we assisted you in the past:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		City, State ZIP Code:	

SCREENING HISTORY

Have you had a Mammogram before?		Date of last screening:	
Have you had a prostate cancer screening before?		Date of last screening:	
Have you had a colorectal cancer screening before?		Date of last screening:	
What facility was the screening done at?		Were the findings:	Positive <input type="checkbox"/> or Negative <input type="checkbox"/>

AGREEMENT

- I hereby declare that the information provided in this form is true and correct.
- I permit United Cancer Support Foundation to use my submitted personal information for statistical analysis. I understand that all information submitted will be kept strictly confidential and will solely be used for statistical analysis and education.
- I understand that UCSF will reserve the right for final decision of the application and to decline application without providing any explanation.

SIGNATURE

Signature		Date	
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