

Palo Alto County Community Health
"Care for Yourself" Breast & Cervical Cancer Program
KEPA Program
3201 1st Street
Emmetsburg, IA 50536

Name: _____

Enclosed is your "Care For Yourself" enrollment packet.
This year the program will pay for these screenings:

___ Clinical Breast Exam ___ Pap Test ___ Mammogram
___ Pelvic Exam ___ Height/Weight ___ Blood Pressures x 2
___ Fasting Lipid Panel ___ Fasting Glucose ___ HgbA1C
___ Waist and Hip Circumference

___ #1-3 Intervention Phone Contacts

**List Best Day of week and time of day to reach you _____
Day of week Time (a.m. or p.m.)

Read through the Consent & Release Form. Fill out the designated areas, sign and return the white copy to me.

- **You will have only 60 days to complete your screening tests.**
- New pap smear guidelines changes: paid pap smear only **every 3 years.**
- If your healthcare provider recommends follow-up services, it is highly recommended that you complete the follow-up as ordered.
- Please understand that the Care for Yourself program may or may not cover these follow-up diagnostic services.
- **You will have 30 days to complete the diagnostic tests.**
- When doing your lab work, please remember to fast 9 hours prior to the lab work.
- This program does not pay for any other blood or urine tests, so those will be your responsibility.
- Please present your CFY Identification Card at screening registration desk.
- Any billing questions, please call me at 712-852-5419.

You will need to schedule your screening dates as soon as possible.
Please list the following information for your screening:

Name of Doctor: _____ Phone number: _____
Office Visit is scheduled for: _____
(Date)

Facility you will use for your Blood Draw: _____ Phone number: _____
Blood Draw is scheduled for: _____
(Date)

Name of Facility for Mammogram: _____ Phone number: _____
Mammogram is scheduled for: _____
(Date)

Your Signature: _____ Email Address: _____

**Please return this bottom portion with your consent form in the enclosed stamped envelope.
Thank you. Candy Bisenius RN @ 712-852-5419