



# FACE YOUR *Health*

## CONTACT SHEET

**We want to help you stay healthy! How can we stay in touch?**

Your Name: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_

Have you had a Pap test in the last 3 years?  Yes  No

Have you had an HPV test in the last 5 years?  Yes  No

After this session, what is your plan for getting screened?

- I'll keep getting screened regularly.
- I'm ready to schedule my appointment.
- I'll think about getting screened.
- I'm not ready to get screened yet. The reason why is \_\_\_\_\_
- I don't know.

### FOR OFFICE USE ONLY

Date of Learning Session:

Location:

Appointment Made:

Yes Date & Location:

No Reason:

Follow-Up Date:

Appointment Made:

Yes Date & Location:

No Reason:

Comments:

Follow-Up Date:

Appointment Made:

Yes Date & Location:

No Reason

Comments: