



Government of **Western Australia**
Department of **Health**



Please attach Client ID sticker:

Client ID

BreastScreen WA is trialling whether it is possible and acceptable to ask women to measure their height and weight at the time of mammography. This information may be useful in the future to improve the effectiveness of breast cancer screening. As part of the trial, BreastScreen WA is asking if you would consider having your height and weight measured/recorded today.

Participation in the trial is completely voluntary. Not participating in the trial will not affect your care in any way.

Please give this sheet to the staff assisting you today and let them know if you would like to participate in the trial.

If you have any queries about this trial, please do not hesitate to contact BreastScreen WA on xxxx xxxx or comment on the back of this sheet.

Yours sincerely

<signature removed for publication>

Clinical Associate Professor Elizabeth J Wylie MBBS FRANZCR
Medical Director

To be completed by Radiographer:

Height: _____ cm
Weight: _____ Kg

PTO

Comments: _____
