

	Menu		
Q	Search the menu		
Find Care			
Ť	COVID-19 Symptom Checker		
O	Urgent Care Video Visit		
	Schedule an Appointment		
R	View Care Team		
Q	Search for Provider		
Ť	Symptom Checker		
Communication			
	Messages		
	Ask a Question		
B	Letters		
	Clinic Calls		
2	Select " <b>Schedule</b>		

MyChart Close	Schedule /	Choef Close	
🎸 Schedule Appointment	Please answer the followin *Indicates a required field *Do you have a persona cancer?	ng: I. Il history of breast	
all us why you're coming in	Yes	No	
en us why you re coming in	*Do you have a family history of breast cancer?		
	Yes	No	
Wammogram (Screening) →	* Are you currently experiencing any breast problems such as: discharge, focal pain, lumps, nipple changes, swelling, or thickening?		
Urgent Care Video Visit	Yes	No	
	*Do you have breast implants?		
	Yes	No	
? Need help scheduling? Call us at	*Do you need help standing up or raising your arm for 15 minutes?		
425-690-3535	Yes	No	

## 3. Answer Scheduling Questionnaire

UW Medicine VALLEY MEDICAL CENTER

