

Date: _____ MRN: _____	 MAMMOGRAM PATIENT HISTORY FORM
Patient: _____	
DOB: _____ Sex: _____	

Why are you having this mammogram? (Mark one)

- | | |
|---|---|
| <input type="checkbox"/> Screening | <input type="checkbox"/> 3 or 6 Months Follow-Up |
| <input type="checkbox"/> Lump or Thickening | <input type="checkbox"/> Nipple Discharge (please note color of discharges _____) |
| <input type="checkbox"/> Skin Changes or Retraction | <input type="checkbox"/> Breast Implant problem |
| <input type="checkbox"/> Pain (Chronic or New) | <input type="checkbox"/> Other (please specify _____) |

Have you ever had a mammogram? If yes, when: _____ where: _____ YES
NO

Have you had any breast surgery or treatment? (Mark one) YES
NO

Procedures:	Where:	When:	Results:
<input type="checkbox"/> Cyst Aspiration	right left	_____	_____
<input type="checkbox"/> Biopsies	right left	_____	_____
<input type="checkbox"/> Lumpectomy	right left	_____	_____
<input type="checkbox"/> Mastectomy	right left	_____	_____
<input type="checkbox"/> Radiation	right left	_____	_____
<input type="checkbox"/> Reduction	right left	_____	_____
<input type="checkbox"/> Implants	right left	_____	_____

saline silicone pre-pectoral retro-pectoral

Have you or anyone in your family been diagnosed with breast cancer? YES
NO

- Myself Mother Sister Daughter Grandmother Aunt

Please circle the following which best applies to you: Non-Smoker Smoker Former

Do you, or have you used hormones replacement therapy? YES
NO

- Estrogen Provera Premarin Prempro Tamoxifen
 When? Started: _____ Finished: _____ Still Using? _____

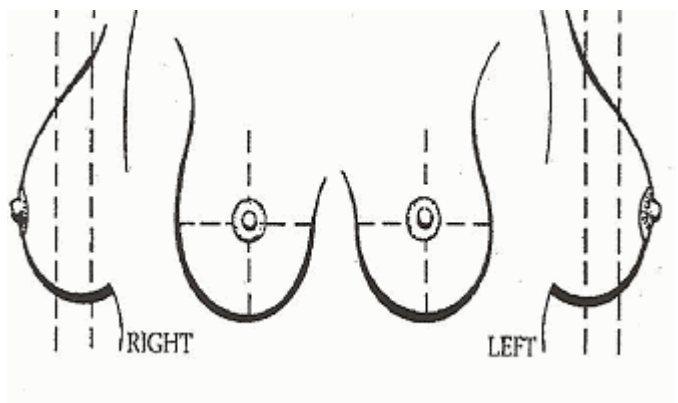
Age of Hysterectomy _____ Age of Menopause _____ Date of last menstrual period _____

Are you pregnant? _____ **Have you ever been pregnant?** _____ **If yes, how many children?** _____

Have you had a weight (increase/decrease) of ten pounds in the last year? YES
NO

Mammography is an x-ray examination of the breast used primarily to detect cancer. Although mammography is the single best method of detecting breast cancer, it cannot find all breast cancers. Combined with monthly breast self-examinations and yearly clinical exams by your doctor, you can achieve good breast care. In order to obtain the best mammogram, it is essential that the breast be firmly compressed for a few seconds during the examination, which may cause some slight discomfort. A radiologist will interpret your films and the results will be sent to you and your doctor. Our technologists will be glad to provide you with additional information on mammography and breast self-examinations.

Patient Signature: _____ **Date:** _____



Technologist: _____ **Date:** _____