Touchstone
MEDICAL IMAGING

MAMMOGRAPHY PATIENT HISTORY

Last Name: ______________________________ **First:** ______________________________ **MI:** ______

Birth date: ____ /____ /_______ **Age:** ______ **Height:** _______ **Weight:** ________

Date of last period/menstrual cycle: _________________________________

Are you having problems with your breasts? (lump(s), pain or discomfort, or nipple discharge) If so, please list problems: ____

Have you had a previous mammogram? YES NO

If YES, When and Where: ____

Risk Factors for Breast Cancer:

Family history of breast cancer: **YES NO** If YES, who in your family has been diagnosed (MATERNAL or PATERNAL) and at what age? ____

Personal history of breast cancer: **YES NO** Personal history of other type of cancer? ___________________

Personal history of ovarian cancer: **YES NO** Never pregnant: (check if applicable) _______

Are you currently: **pre-menopausal, peri-menopausal, or post-menopausal** (please circle one)

Patient's History:

Check if applicable. Add age and/or date if known:

First full pregnancy date & age____________ Number of children birthed_______

Number of children breastfed_______

1st Menstruation: ______ Menopause: ______ Hysterectomy: ______

Ovaries removed: Left, Right, Both _________

Estrogen Use: 1st use______ last used______ how long______

Progesterone: 1st use______ last used______ how Long_____

Tamoxifen: 1st use______ last used______ how long______

Hormonal contraceptives: 1st use______ last used______ how long______

Previous breast procedures: (circle L=left, R=right, or B=both) (insert age/date)

Biopsy ________ L R B Cyst aspiration ________ L R B Ultrasound ________ L R B

Ductography ________ L R B Lumpectomy ________ L R B Mastectomy ________ L R B

Reduction ________ L R B Radiation therapy ________ L R B Chemotherapy __________

Implants (Type: silicone, saline, combination) _________ L R B Implant placement date: _____________

Patient Signature ____ **DATE** _________________

By signing, I consent to the mammography exam and acknowledge that I am neither pregnant nor breastfeeding.

For technologist use only: Equipment disinfected YES NO Technologist: ______________