

MAMMOGRAPHY PATIENT HISTORY

Last Name: _____ First: _____ MI: _____

Birth date: ____/____/____ Age: _____ Height: _____ Weight: _____

Referring Physician: _____

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: _____

If you would like your results/reminders sent to you by email, please add your email address below:

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.

<p>For technologist use only: Equipment disinfected YES NO Technologist: _____</p>
