

PATIENT QUESTIONNAIRE FOR BREAST MRI

NAME: _____ AGE: _____ DATE: _____

PHONE NUMBER: _____ REFERRING PHYSICIAN: _____

Do you currently have a new or enlarging palpable lump? Yes No

If so, which breast? ___ R ___ L

Has the lump been biopsied? Yes No

When and Where? _____

Type of biopsy: ___ Fine needle aspiration ___ Core needle biopsy ___ Surgical biopsy

What were the results of the biopsy? ___ Benign ___ Malignant

Do you have a personal history of breast cancer? Yes No

When was the breast cancer diagnosed? _____

How was it treated? (circle all that apply):

Lumpectomy

Chemotherapy

Radiation

Mastectomy

Do you have a family history of breast cancer? Yes No

Who and how old was the person at the time the diagnosis was made?

Have you ever had a benign core needle biopsy? Yes No If yes, circle which side: R L

Have you ever had any of the following breast surgeries? (check and circle all that apply):

___ Surgical/excisional biopsy: R L

___ Reduction surgery/mammoplasty

___ Breast Implants (circle type if known): Silicone gel / Saline / Combination

Do you have a history of silicone implant rupture? Yes No

If yes, were they replaced? Yes No

Date of last menstrual period: ____/____/____

Are you on hormone replacement therapy? Yes No

Which kind and how long? _____

Have you had a prior breast MRI? Yes No

When and where? _____

Date and location of last mammogram: ____/____/____ _____

Reason (if known) for today's breast MRI: _____
