

Mammogram Patient History



Name _____
Last First

Previous Last Name _____

Please answer ALL of the following questions to assure you receive the appropriate mammographic services. If you have any questions regarding this form, ask the technologist for assistance.

Date and location of your last mammogram _____

Bra cup size (check one of the following): ___ Smaller than C cup ___ C cup or larger

- A. Reason for today's visit
- routine mammogram (no problem) *Skip to Section B*
 - evaluation of a problem
- | | | | | |
|--------------------------------|-----|----|-----|-----------------|
| new or enlarging palpable lump | yes | no | L/R | |
| focal breast pain | yes | no | L/R | |
| nipple discharge | yes | no | L/R | Color _____ |
| nipple inversion | yes | no | L/R | How Long? _____ |
| other _____ | | | | |
- Is this a follow-up to an abnormal mammogram? yes no

- B. Breast surgery history:
- | | | | | |
|--|-----|----|-----|----------------------------------|
| Prior benign surgical biopsy | yes | no | L/R | Date/Age _____ |
| Prior benign core needle biopsy | yes | no | L/R | Date/Age _____ |
| Prior cyst aspirations | yes | no | L/R | Date/Age _____ |
| Lumpectomy for breast cancer | yes | no | L/R | Date/Age _____ |
| Radiation for breast cancer | yes | no | L/R | Date/Age _____ |
| Mastectomy | yes | no | | Date/Age _____ |
| Reduction surgery / breast lift | yes | no | | Date/Age _____ |
| Implants: Saline / Silicone (circle one) | yes | no | | History of Rupture? yes no |

- C. Family history of breast cancer: yes no Relationship _____ Age at diagnosis _____

When was the last time your doctor did a breast physical exam? _____

Since your last mammogram, have you ___ started ___ stopped ___ changed the dose or type of hormone therapy? Dose _____ Type _____

If you are still menstruating, please inform the technologist if you think you might be pregnant.

Patient's Signature _____ Date _____

NOTE: A diagnostic mammogram will take a minimum of 1.5 hours.

For technologist's use only:
CAD: Yes / No
Comparison Films: NO N/A _____
Rx Scanned
CD Loaded

Technologist: _____
Physician: _____

