



MAMMOGRAPH

Name: (Last) (First) (M) Age:

Did you receive our phone message reminder for your yearly mammogram? Was this helpful to encourage you to make your mammogram appointment?

Comment:

PHYSICAL CONDITION

- Are you pregnant? Date of last menstrual period
Have you breast fed within the last 6 months?
Are you now taking any type of hormones? If yes, how long
Do you have breast implants? If yes, type

REASON FOR EXAM - PLEASE CHECK:

- Baseline (No previous mammogram) No Symptoms
Routine Yearly Exam - Date and Location of prior exam
Short Term Follow-up
Other

SYMPTOMS AND HISTORY

- Do you or your doctor feel a lump? Which breast and for how long?
Do you have inverted nipples? Which breast and for how long?
Do you have nipple discharge? Which breast and for how long?
Any other symptoms? Explain
Previous breast surgery? If Yes, which breast and when?
Breast biopsy? Left Right Results were: Benign Malignant
Radiation treatments to your breast? Which breast and approximate date?

RISK FACTORS

- Have you had breast cancer? If yes, which breast and age of diagnosis?
Has any relative ever had breast cancer? Who? Age when diagnosed?
Have you ever had any other type of cancer? If Yes, type
Have you ever been tested for the breast cancer gene? Comment:
I have never been pregnant.

Occasionally, the results of a Screening Mammogram require patients to return for an additional Diagnostic Mammogram. This is a separate exam that is performed to evaluate an area of concern.

PATIENT SIGNATURE: DATE OF BIRTH:

FOR TECHNOLOGIST USE ONLY
DO NOT WRITE BELOW THIS LINE

Date: X-ray Number: Technologist:

History/Clinical Symptoms:



