

2016

The ImageCare Centers Newton

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Mammography History

Date: ___/___/___

To be filled out by patient

3D (Tomosynthesis)? Y N (If YES, complete ABN)

Note: If there is deodorant or powder on your breast or underarms, please remove it before your mammogram. Ask technologist for help if needed.

Name: _____ Birth date: ___/___/___ Age: _____

Home phone: ___/___-____ Alternate phone: ___/___-____

Referring MD: _____ Primary Care Doctor: _____

Have you ever had: Mammogram _____ Ultrasound or MRI of the breast _____

If yes, where and when: _____

Is this mammogram routine? Yes No

If not, routine reason for mammogram: _____

History of breast cancer in your family? Yes No

If yes who? Self ___ Mother ___ Sister ___ Grandmother ___ Other ___ What age?: _____

Have you ever had a child? Yes No Age at 1st birth ___ Number of pregnancies _____

Do you or have you used hormones? Yes No

Which type? _____ How long? _____ Still using? _____

Do you have breast implants? Yes No

Have you had a weight change of more than 10 lbs. in the past year? Yes No

Lost or gained? _____ Date of last menstrual period? ___/___/___

Is there a chance of pregnancy? Yes No Signature _____

It is not unusual for some patients to be called back for additional views and/or an ultrasound to complete the study. Your results will be mailed to your physician and yourself within 7-10 days. If you have any questions about this questionnaire or the exam, please ask the technologist.

TO BE FILLED OUT BY THE TECHNOLOGIST

Check: Breast surface (medial and inferior)

Palpable mass, scars, moles, warts, tattoos etc.

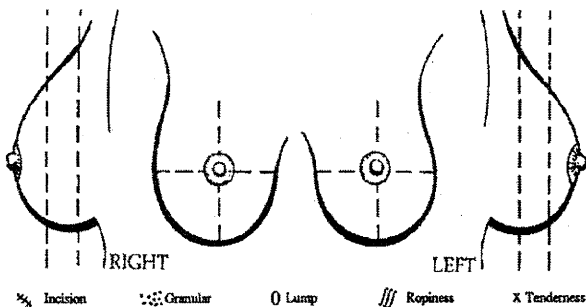
Nipples: Inverted? Y N Is there Discharge? Y N For how long? _____

Breast size discrepancy? Y N Which? _____

Previous breast surgery, aspiration or radiation? Y N

If yes when? _____ Benign? Y N Comments: _____

*** Same Day Ultrasound? Y N



Tech Initials _____ X-Ray # _____

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I understand that if I need my mammography and/or ultrasound images to bring to a specialist, or other facility, I need to provide a minimum of 24 hours prior to arriving to pick them up.

Patient

Signature _____