

# The ImageCare Centers Rockaway

## Mammography History

See Back>>>>>

Date: \_\_\_/\_\_\_/\_\_\_

### To be filled out by patient

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 1<sup>st</sup> 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.

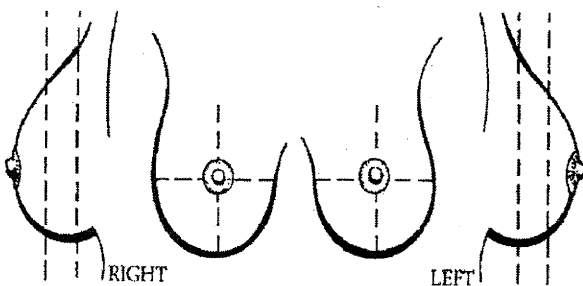
Nipples: Inverted? Y N Is there Discharge? Y N For how long? \_\_\_\_\_

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**



‰ Incision    ••• Granular    ○ Lump    ~~~ Ropiness    x Tenderness

Tech Initials \_\_\_\_\_ X-Ray # \_\_\_\_\_

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**Mammography History**

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 \_\_\_\_\_