



## MAMMOGRAPHY PATIENT INFORMATION

Name : \_\_\_\_\_ DOB: \_\_\_\_\_

\*\*\*\*3D Tomosynthesis? YES NO

Is this a routine mammogram (no symptoms)? Yes No  
 (If no, describe symptoms) \_\_\_\_\_

Do you have a lump? Yes No  
 If yes:  Right  Left How Long: \_\_\_\_\_ Where \_\_\_\_\_

Have you had a previous mammogram? Yes No  
 If not with ImageCare, when and where: \_\_\_\_\_

Previous breast surgery, biopsy, and/or implants? Yes No  
 What: \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Are you taking hormones (including birth control)? Yes No  
 Are you pregnant? Yes No Last Menstrual Period: \_\_\_\_\_

Have you ever been diagnosed with Breast Cancer? Y N (If yes, enter details below)

Right	Left
When? Type?	

1. Age at first menstrual cycle? \_\_\_\_\_
2. How old were you when you had your first child? \_\_\_\_\_
3. How many first degree relatives have or had breast cancer. \_\_\_\_\_
4. How many benign (not cancer) breast biopsies have you had? \_\_\_\_\_
- 5 What is your race/ethnicity. \_\_\_\_\_
6. Any medical history of breast cancer or any radiation therapy to the chest for the treatment of Hodgins lymphoma? Yes No
7. Have you been tested for BRCA gene mutation? Yes No  
 If yes, BRCA 1 BRCA 2
8. Have you had a weight change of more than 10 lbs. in the past year? Yes No

**Patient Signature**

**Date**

\*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 faxed to your physician and mailed to you within 7-10 days. If you have any questions about this questionnaire or the exam, please ask the technologist.