



Mammography Questionnaire

Name: _____ DOB: _____ Date: _____

Previous last name by which you may have had a Mammogram (if applicable): _____

Have you received a vaccine in the last 7 days? **YES NO**

Arm (circle one): **Left Right**

Who ordered your mammogram? _____ Who is your primary care provider? _____

Is this a routine mammogram (no symptoms)? **YES NO**

If no, describe symptoms: _____

Do you have a lump? **YES NO** If yes, side (circle one): **Left Right** How long? (ex. 2 months) _____

Have you had a previous mammogram? **YES NO** If not with us, which facility: _____

Current Age: _____ Weight: _____ lbs. Height: _____ ft _____ in Ethnicity/Race: _____

Do you have breast implants? **YES NO** If yes, which side: **Left Right Bilateral**

Any previous breast surgery? **YES NO** If yes, what: _____

When: _____ Which Breast? **Left Right Bilateral**

Age of your first period: _____ Have you gone through menopause? **YES NO** If yes, at what age? _____

Any chance you could be pregnant at the time of your mammogram? **YES NO**

Have you given birth to one or more children? **YES NO** If yes, age at first live birth: _____

Do you have a personal history of Breast Cancer? **YES NO** If yes, which breast: **Left Right Bilateral**

Date Diagnosed: _____ Type of Cancer: _____

Have you ever been diagnosed with Ovarian Cancer? **YES NO** If yes, age at diagnosis: _____

Do you have a mutation in the BRCA1 or BRCA2 gene? **Unknown Tested Normal BRCA1+ BRCA2+**

Have you ever had a breast biopsy? **YES NO**

Result: **Unknown Hyperplasia (not atypical) Atypical Hyperplasia Lobular Carcinoma in Situ (LCIS)**

How many breast biopsies (including negative results) have you had? _____

Ashkenazi Inheritance? **YES NO (Eastern European Jewish decent)**

(please turn over to continue form)

Mammography Questionnaire

Family History of Breast or Ovarian Cancer *****Please include 1st, 2nd, and 3rd degree relatives*****

1. Who (ex. mother, paternal aunt, etc.) _____

Current age or age at death: _____ Age when diagnosed: _____

Breast Cancer **YES NO** Ovarian Cancer **YES NO**

If it was breast cancer, which breast was the cancer located? **Left Right Bilateral**

If diagnosed with bilateral breast cancer, age at second diagnosis:

BRCA Gene: **Unknown Tested Normal BRCA1+ BRCA2+**

2. Who (ex. mother, paternal aunt, etc.) _____

Current age or age at death: _____ Age when diagnosed: _____

Breast Cancer **YES NO** Ovarian Cancer **YES NO**

If it was breast cancer, which breast was the cancer located? **Left Right Bilateral**

If diagnosed with bilateral breast cancer, age at second diagnosis:

BRCA Gene: **Unknown Tested Normal BRCA1+ BRCA2+**

3. Who (ex. mother, paternal aunt, etc.) _____

Current age or age at death: _____ Age when diagnosed: _____

Breast Cancer **YES NO** Ovarian Cancer **YES NO**

If it was breast cancer, which breast was the cancer located? **Left Right Bilateral**

If diagnosed with bilateral breast cancer, age at second diagnosis:

BRCA Gene: **Unknown Tested Normal BRCA1+ BRCA2+**

4. Who (ex. mother, paternal aunt, etc.) _____

Current age or age at death: _____ Age when diagnosed: _____

Breast Cancer **YES NO** Ovarian Cancer **YES NO**

If it was breast cancer, which breast was the cancer located? **Left Right Bilateral**

If diagnosed with bilateral breast cancer, age at second diagnosis:

BRCA Gene: **Unknown Tested Normal BRCA1+ BRCA2+**

Patient or Guardian Signature: _____ **Date:** _____