

MAMMOGRAPHY PATIENT INFORMATION

Name : DOB:
3D Tomosynthesis? Yes No
Previous last name by which you may have had a Mammogram (if applicable):
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 mammogram? Yes No If not with us, where:
Previous breast surgery, biopsies, and/or implants? Yes No
What:When?Where?
Have you had a biopsy resulting in atypical hyperplasia? Yes Are you taking hormones (including birth control)? Yes No
Any chance of pregnancy? Yes No LMP:
Have you ever been diagnosed with Breast Cancer? Yes No (If yes, enter details below)
Right Date Diagnosed: Type of Cancer:
Left Date Diagnosed: Type of Cancer:
1. Age at first menstrual cycle? Have you gone through menopause? Yes No
If yes, age at start of menopause
2. How old were you when you had your first child?
3. Any family history of breast cancer? Yes No Unknown
If yes, please list family members including maternal and paternal:
Who:
Age at diagnosis if known: Current age or age at death:
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 tested positive for the BRCA gene mutation? Yes No
If yes, BRCA 1 BRCA 2
8. Height Weight
10: Ashkenazi Inheritance? Yes No Unknown
11: Personal history of Ovarian Cancer? 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.