Mammography Questionnaire

Name: _____ Date of Birth:_____ Date: _____

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** or **left**? (circle one) How long *(ex. 2 months)* _____

Have you had a previous mammogram? **Yes** **No** When/Where: _____

Any previous breast surgery and/or implants? **Yes** **No**

What: _____ When/Where:_____ Which Breast**:** **Right** **Left**

Have you had a biopsy resulting in atypical hyperplasia? **Yes** **No**

Are you taking hormones? **Yes** **No** If yes, dates of usage _____

Has the dosage or type changed since your last mammogram? **Yes** **No**

Explain: _____

Are you pregnant? **Yes** **No** Last Menstrual Period: _____

If you have gone through menopause, age at onset _____

Have you ever been diagnosed with Breast CA? **Yes** **No** (If yes, enter details below)

Right **Left** When? _____ Type?_____

Age at first menstrual cycle? _____

How old were you when you had your first child? _____

Any family history of breast cancer? **Yes** **No** **Unknown**

If yes, please list family members including maternal and paternal: _____

_____

Age at diagnosis if known:_____ Current age or age at death:_____

How many benign (not cancer) breast biopsies have you had? _____

Height: _____ Weight: _____ Race/Ethnicity:_____

Any medical history of breast cancer or any radiation therapy to the chest for the treatment of Hodgins lymphoma? **Yes** **No**

Have you tested positive for the BRCA gene mutation? **Yes** **No** If yes, **BRCA 1** **BRCA 2**

Ashkenazi Inheritance? **Yes** **No** **Unknown**

Personal history of Ovarian Cancer? **Yes** **No**

Signature: _____ Date: _____