Mammography History and Screening Form

Name: ___________________________________
Age: _________ Date of Birth: ____________
Accession Number: ________________________
Referring Physician: ______________________
Exam Date/Time: __________________________

What is the REASON you are having a breast imaging exam (please select one)?
___ This is a routing (screening) exam. I am not having any breast problems.
___ This is an additional exam requested from a recent study.
___ This is a short interval follow-up requested from my last exam (1-11 months ago).
___ I have breast implants, but I am not having any problems.
___ This is a review of an outside study.
___ I am going to have breast reduction surgery.
___ I am going to have radiation therapy.
___ This is an additional exam requested from my current screening exam.
___ I have a history of benign breast disease.
___ I have a personal history of breast cancer with breast conservation therapy.
___ I am having the following **PROBLEM(S):** (check all that apply)

R L ___ Bloody discharge
R L ___ Cancer elsewhere
R L ___ Image detected calcifications
R L ___ Large nodes under my arm
R L ___ Nipple problem
R L ___ Pain in the breast
R L ___ Other skin changes to breast
R L ___Skin thickening or retraction on clinical examination
R L ___ Implant problem
R L ___ Difficult physical exam
R L ___ Image detected mass
R L ___ Other lump or thickening
R L ___ Non-bloody discharge
R L ___ Palpable abnormality or lump

If this is a screening exam, how long has it been since your last non-screening exam? _______________

If you have ever used any of the following HORMONES, please enter:

	Age at first use	**Duration of use**	**Age at last use**	**Currently using?**
Hormonal contraceptives	________	______ mos.	________	___ **Yes** ___ **No**
Estrogren	________	______ mos.	________	___ **Yes** ___ **No**
Progesterone	________	______ mos.	________	___ **Yes** ___ **No**
Tamoxifen	________	______ mos.	________	___ **Yes** ___ **No**

Enter your MENSTRUAL HISTORY: **Currently pregnant?** ___ **Yes** ___ **No**

Date of your last period _____________
Age when periods started _____________
Age at first full term pregnancy _____________
Age at natural menopause _____________
Age at hysterectomy _____________
Age at left ovary removal _____________
Age at right ovary removal _____________
Number of live births _____________
What is your menopausal status ____ Pre-menopausal ____ Currently in menopause ____ Post-menopausal

Check all of the following RISK FACTORS that are true for you:

___ I do not know my family breast cancer history
___ I have had breast cancer
___ I have had endometrial cancer
___ I have had ovarian cancer
___ My aunt, grandmother or cousin had breast cancer
___ My mother, sister, or daughter had breast cancer (post-menopausal)
___ My mother, sister, or daughter had breast cancer (pre-menopausal)
Relationship Age at occurrence

___ I have been through menopause
___ I have never had children
___ I had my first child after age 30
___ No one in my family has had breast cancer

Previous PROCEDURES?	**Side (L, R or B)**	**When?**	**Unknown, Benign, Malignant, High Risk, Insufficient sample or Not applicable?**
Cyst Aspiration	____	____________	____
Needle biopsy	____	____________	____
Excisional biopsy	____	____________	____
Lumpectomy	____	____________	____
Mastectomy	____	____________	____
Radiation therapy	____	____________	____
Breast reduction	____	____________	____
Implant removed	____	____________	____

Do you have IMPLANTS ___ Yes ___ No
Side (L, R or B)
___ I don't know the specific type
___ Silicone gel implant
___ Saline implant
___ Combination implant
___ Pre-pectoral implant
___ Rectro-pectoral implant

Have you ever received chemotherapy for any type of cancer? ___ Yes ___ No

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Mammography is an image of the breast, used largely to detect cancer, and is done with a special x-ray machine and the compression of the breast. At time, compression of the breast may cause temporary breast discomfort and/or bruising in some patients. Although mammography is an effective method to detect breast cancer when it is early and still too small to be felt, a mammogram does NOT detect 100% of breast cancers. The reported finding of your mammogram must be evaluated by your personal physician in conjunction with your clinical or physical findings, because not all cancers are visible on mammography. Some cancers may be detected only on physical examination and/or self-examination, and other breast cancers may not be detected early with any of these exams. The information reported by a radiologist on your mammogram will very often help your doctor in deciding the meaning of certain physical findings, and help to determine the best course of action to take. By signing this form below, I consent to the mammography exam and I acknowledge that I am neither pregnant nor breast-feeding.

Patient Signature: ______________________________________

Printed Name: ______________________________________

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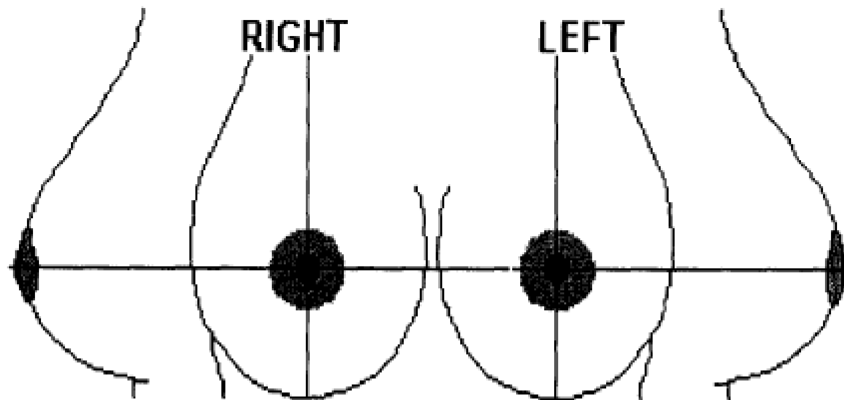

Skin condition: **Skin condition:**

Equipment cleaned and disinfected prior to exam? ___ Yes ___ No

Technologist Signature: ______________________________________