EXPRESS MEDICAL IMAGING

MAMMOGRAPHY QUESTIONNAIRE

PT NAME:_____

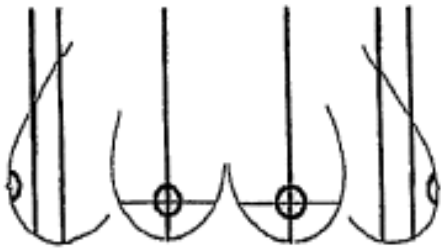
PT DOB: _____

MRN: _____

TECHNOLOGIST ONLY:

COMMENTS: SCREENING DIAGNOSTIC

PRIORS:



RIGHT LEFT

PATIENT HX & CONCERNS

Any possibility you are pregnant?		YES	NO		
When and where was you last mammogram?		Location: _____		Year: _____	
Do you have any NEW problems with your breast?		RIGHT	LEFT	YES	NO
How long? _____		LUMP	PAIN	INVERSION	DISCHARGE
Color of Discharge: _____					
Is discharge spontaneous or only with pressure? _____			Duration of discharge? _____		
Do you have any raised moles, warts or scars?		RIGHT	LEFT	YES	NO
Have you ever had?	date				
BREAST CANCER	/ /	RIGHT	LEFT	YES	NO
LUMPECTOMY	/ /	RIGHT	LEFT	YES	NO
MASTECTOMY	/ /	RIGHT	LEFT	YES	NO
BREAST BIOPSY	/ /	RIGHT	LEFT	YES	NO
CYST DRAINAGE	/ /	RIGHT	LEFT	YES	NO
REDUCTION	/ /	RIGHT	LEFT	YES	NO
RADIATION TREATMENT	/ /	RIGHT	LEFT	YES	NO
SURGERY FOR BENGIN CAUSE	/ /	RIGHT	LEFT	YES	NO

Do you have breast implants? Year Placed? _____ Year Replaced_____ Saline Silicone

I understaned that adequate comprtession of the breast tissue is required to produce a high-quality mammogram. I understand that there is a possibility that an implant may rupture during the mammorgraphic precedure. Although this is rare, it is possible and I accept that risk. Patient Initials: _____

Family history of breast cancer?	YES	NO	Family Member _____	Age_____
Family history of ovarian cancer?	YES	NO	Family Member _____	Age_____
Are you currently taking hormones?	YES	NO	How long?_____	
Have you had BRCA gene testing?	YES	NO	Results? _____	Year Tested _____

Age at first child's birth? _____ Age at first menstrual period? _____ LMP _____

Primary Care Physician (PCP) _____ PCP Phone Number: _____

Patient's Signature: _____ Date:_____ Tech: _____