



Patient's Name: _____

Date of Birth: _____ Age: _____ Cell Phone: _____

Email Address: _____

Have you ever had a mammogram? YES NO Where? _____ When? _____

PERSONAL INFORMATION (circle all that apply)

- 1. Are you presently taking hormones or oral contraceptives? YES NO
- 2. Do you still have a menstrual cycle? YES NO If no, age of hysterectomy/menopause: _____
- 3. Do you have a family history of breast cancer? YES NO
If yes, MOTHER SISTER DAUGHTER Age of diagnosis: _____
- 4. Are you pregnant or nursing? YES NO If yes, please specify: _____

PERSONAL SURGICAL HISTORY (circle all that apply)

- 1. Do you have a personal history of breast cancer? YES NO
If yes, RIGHT LEFT
LUMPECTOMY MASTECTOMY RADIATION THERAPY When: _____
- 2. Have you had a benign (not cancer) needle or surgical biopsy? YES NO
If yes, RIGHT LEFT When: _____
- 3. DO YOU HAVE BREAST IMPLANTS? YES NO If yes, SILICONE SALINE When? _____
- 4. Have you had a breast reduction? YES NO When? _____

Are you having any problems with your breast? YES(see below) NO

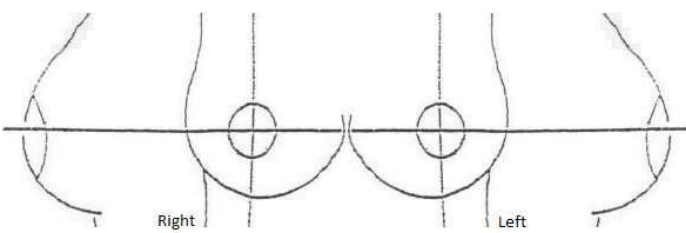
LUMP RIGHT LEFT
 DISCHARGE RIGHT LEFT
 OTHER RIGHT LEFT

Explain:
How long?

Patient Signature: _____ Date: _____

DO NOT WRITE IN THIS BOX

SCREENING DIAGNOSTIC TECH: _____ MRN: _____ #: _____



Baseline Hold for priors

The "post biopsy mammogram for marker placement" lay summary was given to the patient.

STAT _____ I was informed about the change in my mammogram from screening to diagnostic.