

## Mammography Patient History

**Instructions:** Please fill out and sign this form. The technologist will answer any questions you have before your exam. Do not be concerned if you cannot answer some of the questions.

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- |                                                          |        |         |                         |
|----------------------------------------------------------|--------|---------|-------------------------|
| 1. Have you ever had a mammogram before?<br>Where? _____ | No ___ | Yes ___ | When? _____             |
| 2. Do you still have a period every month?               | No ___ | Yes ___ | Date of last _____      |
| 3. Are you on hormone replacement therapy?               | No ___ | Yes ___ | If yes, how long? _____ |
| 4. Are you or could you be pregnant?                     | No ___ | Yes ___ |                         |
| 5. Have you breast-fed within past 6 months?             | No ___ | Yes ___ |                         |

**6. Indicate if you have had any of the following by marking the affected breast.**

	Right	Left	When (Date)
Breast Implants	—	—	_____
Breast Reduction	—	—	_____
Breast Biopsy ( <i>breast tissue taken for analysis</i> )	—	—	_____
Mastectomy ( <i>breast removed</i> )	—	—	_____
Lumpectomy ( <b><i>Lump removed for breast cancer.</i></b> )	—	—	_____
Radiation/Chemotherapy to Breast	—	—	_____

**7. Indicate if you currently have any of the following by marking the affected breast?**

	Right	Left	How long/often?
Feel a new ( <i>within a year</i> ) abnormality ( <i>lump or mass</i> ) in your breast	—	—	_____
Specific Area of Breast Pain	—	—	_____
Nipple abnormality	—	—	_____
Breast implant problem	—	—	_____

**8. Do you have a family history of breast cancer?** No \_\_\_ Yes \_\_\_ If yes, what relationship to you?  
\_\_\_\_\_

**About Breast Compression**

*We regret any discomfort you may experience as a result of the breast compression required for your mammogram. The compression of the breasts improves the images obtained and reduces the amount of radiation exposure. Compression does not in any way damage breast tissue. If you develop some discomfort or temporary skin discoloration, it can be relieved by aspirin or Tylenol (if you are not allergic to either of these medications).*

*A mammogram is the best single method of detecting breast cancers. Since mammography cannot detect ALL breast cancers, it is important for you to do breast self-examinations on a continuing basis, and to see your doctor whenever (s)he recommends.*

**Your mammogram will have a second reading by CAD (computer aided detection).**

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*

*Office Use Only: Do not Write below this line.*

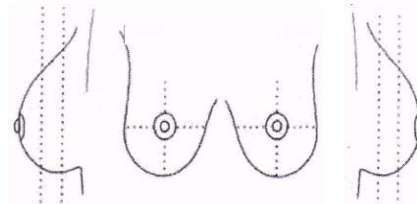
Tech Comments: \_\_\_\_\_

History Reviewed:

Unit Cleaned:

Tech \_\_\_\_\_

Right



Left