



### 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: \_\_\_\_\_

Have you ever had a mammogram before? No \_\_\_ Yes \_\_\_  
Where? \_\_\_\_\_ When? \_\_\_\_\_

Indicate if you are currently having any of the following by marking the affected breast.

	Right	Left	How long/often
Feel a new abnormality (lump or mass) in your breast within the last year	_____	_____	_____
Specific area of breast pain	_____	_____	_____
Nipple abnormality	_____	_____	_____
Breast implant problem	_____	_____	_____

Are you or could you be pregnant? No \_\_\_ Yes \_\_\_  
 Do you still have a period every month? No \_\_\_ Yes \_\_\_ Date of last: \_\_\_\_\_  
 Age at start of your period (menarche)? \_\_\_\_\_  
 Age at menopause? \_\_\_\_\_  
 Number of pregnancies? \_\_\_\_\_  
 Number of Births? \_\_\_\_\_ Age at first pregnancy? \_\_\_\_\_

Ashkenazi Jewish No \_\_\_ Yes \_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Personal BRCA history: Tested No \_\_\_ Yes \_\_\_  
if yes, BRCA 1: Positive \_\_\_ Negative \_\_\_  
BRCA 2: Positive \_\_\_ Negative \_\_\_

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

	Right	Left	When (date)
Breast implants	_____	_____	_____
Breast reduction	_____	_____	_____
Breast biopsy (breast tissue taken for analysis)	_____	_____	_____
Lumpectomy (lump removed for breast cancer)	_____	_____	_____
Mastectomy (breast removed)	_____	_____	_____
Radiation/chemotherapy for breast cancer	_____	_____	_____

Do you have a family history of breast cancer? No \_\_\_ Yes \_\_\_  
if yes, what relationship to you: \_\_\_\_\_  
if yes, what type of cancer? \_\_\_\_\_ Year or age Diagnosed? \_\_\_\_\_

**Tyrer-Cuzick Risk Assessment Calculator**  
Assess Breast Cancer Risk

This risk calculator asks questions about your personal and family history to determine the possibility of developing breast cancer. The results will display your 10-year risk and your lifetime risk score. The purpose of this tool is simply to inform you. Please consult with your physician should you have any questions about your risk for breast cancer or for guidance on options for breast cancer screening or genetic counseling.

\*Would you like to have the Breast Cancer Risk Assessment calculated for you? No\_\_\_\_\_ Yes\_\_\_\_\_

If yes, please complete following questions.

Family history BRCA? No\_\_\_\_\_ Yes\_\_\_\_\_

If yes, what relationship to you:\_\_\_\_\_ Positive or Negative:\_\_\_\_\_

History of reproductive surgery? No\_\_\_ Yes\_\_\_

If yes, what type of surgery? \_\_\_\_\_

Do you have a personal history of any other cancer? No\_\_\_\_\_ Yes\_\_\_\_\_

If yes, what type of cancer?\_\_\_\_\_ Year Diagnosed?\_\_\_\_\_

Do you have a family history of other cancer? No\_\_\_\_\_ Yes\_\_\_\_\_

If yes, what relationship to you:\_\_\_\_\_ Type of Cancer:\_\_\_\_\_

relationship to you:\_\_\_\_\_ Type of Cancer:\_\_\_\_\_

relationship to you:\_\_\_\_\_ Type of Cancer:\_\_\_\_\_

History of contraceptive use? No\_\_\_ Yes\_\_\_ If yes, how long:\_\_\_\_\_

Type: \_\_\_\_\_

Are you on hormone replacement therapy? No\_\_\_ Yes\_\_\_ If yes, how long:\_\_\_\_\_

Type:\_\_\_\_\_

*About Breast Compression*

*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. A mammogram is the single best method of detecting breast cancers.*

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

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

\_\_\_\_\_  
Date

History reviewed:  Unit cleaned:  Technologist:\_\_\_\_\_