



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	_____	_____	_____

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 Tyrer-Cuzick 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 breast cancer? No_____ Yes_____

If yes, what relationship to you:_____

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 for 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: _____