

Patient Information

Patient Number _____
to be filled in by tech
Age _____

First Name _____ Last Name _____

Reason for your Exam (please describe in detail)

Do You have any of the following complaints? (circle yes or no for each)

Breast Tenderness/Pain	YES	NO	RIGHT	LEFT	BILATERAL	
Lumps?	YES	NO	RIGHT	LEFT	BILATERAL	How Long: _____
Nipple Discharge?	YES	NO	RIGHT	LEFT	BILATERAL	Color: _____
Nipple Retraction	YES	NO	RIGHT	LEFT	BILATERAL	How Long: _____
Skin Dimpling	YES	NO	RIGHT	LEFT	BILATERAL	How Long: _____
Is this your first Mammogram?	YES	NO	If no, when/where was your last: _____			

Have you had a breast ultrasound? YES NO When/Where: _____

Are you pregnant? YES NO If YES, MUST inform technologist before exam.

Are you still having menstrual periods? YES NO Date of Last period: _____

Have you ever been pregnant? YES NO Age of first pregnancy/birth: _____

Are you taking hormones or birth control? YES NO Type/How Long: _____

Do you have breast implants? YES NO Saline Silicone Date implanted: _____

Smoking? YES NO

Breast Cancer History

Family history of breast cancer? NO YES (if yes continue)
Sister Daughter Mother Grandmother Other _____

Personal history of breast cancer? NO YES (if yes continue)
What type of breast cancer _____ Location _____ Date Diagnosed _____
Current Status (please circle one) Newly Diagnosed Recurrence Remission
Treatment (please circle all that apply) Surgery Radiation ChemoTherapy Tamoxifen Arimedex
Date of last Treatment _____ Has it spread? NO YES If Yes, Where
Is your visit today related to this cancer diagnosis? NO YES

Have you had previous breast surgeries, breast biopsies or breast imaging studies NO YES

Procedure Description	Date
_____	_____
_____	_____
_____	_____

I understand that 10-20% of all breast cancers are not visualized on mammograms. I will be responsible for follow-up with my health care provider regarding all future breast concerns.

Patient Signature: _____ **Today's Date:** _____

TECH NOTES: (for internal use only) Tech Initials _____ RT(R)(M)

