

**MRN#**

**Accession #**

**Age:**

**Name:**

**Gender:**

**DOB:**

**Phone:**

**Referring Clinician:**

**Exam Time:**

**Ref. Clinician. Phone:**

**Exam:**

**Laterality:**

**Complaint:**

**Date of comparison films:** \_\_\_\_\_

**From:**

**PATIENT HISTORY Please fill out information below:**

Have you had a previous Mammogram elsewhere? \_\_\_\_\_

If **Yes**, where/when \_\_\_\_\_

Are you currently pregnant? Yes No

Nursing Mother? Yes No

**Enter age at :** 1st Menstrual Period \_\_\_\_\_

1st Live Birth \_\_\_\_\_

Menopause? Yes No If Yes, at what age? \_\_\_\_\_

Are you currently on Hormonal Replacement Therapy? Yes No If Yes, for how long? \_\_\_\_\_

**Please circle ethnicity:**

Caucasian, African American, Hispanic, Asian or Pacific Islander, American Indian or Alaskan Native, Unknown, Other

**Family history of Breast Cancer Yes No**

**Family history of ovarian cancer? YES NO**

Mother Age Diagnosed \_\_\_\_\_

Mother Age Diagnosed \_\_\_\_\_

Sister Age Diagnosed \_\_\_\_\_

Sister Age Diagnosed \_\_\_\_\_

Daughter Age Diagnosed \_\_\_\_\_

Daughter Age Diagnosed \_\_\_\_\_

Have **YOU** had any of the following: Yes No

If **Yes**, check which apply:

	Right	Left	When
Breast Reduction / Lift	_____	_____	_____
Breast Implants	_____	_____	_____
Breast Implants Removed	_____	_____	_____
Breast Cyst Aspiration	_____	_____	_____
Breast Needle Biopsy	_____	_____	_____
Breast Surgical Biopsy	_____	_____	_____

	Right	Left	When
Breast Cancer	_____	_____	_____
Breast Lumpectomy	_____	_____	_____
Breast Mastectomy	_____	_____	_____
Breast Radiation Therapy	_____	_____	_____
Breast Chemotherapy	_____	_____	_____

**I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

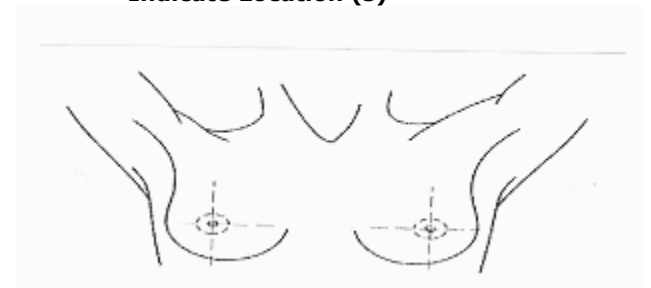
Please indicate any **NEW** problems you are experiencing with your breast and/or nipples:

Lump in breast? Right Left

Nipple discharge? Right Left

Other \_\_\_\_\_

**Indicate Location (s)**



**Right**

**Left**