

Mammography Patient Questionnaire

EMPI: _____

Name: _____ DOB: _____ DATE: _____

Address: _____

Home Phone: _____ Work Phone: _____ Referring Physician: _____

Previous Mammograms Is this your first mammogram? Yes: No:

If no, when and where did you have your most recent mammogram? _____

Reason New Problem: Please Describe: _____

Routine/Annual: Short term follow up: _____

Family History of Breast Cancer

Has any blood relative had breast cancer? If so, please indicate each relative and their relationship to you:

Relationship: _____ Age at diagnosis: _____ Maternal: Paternal: | Relationship: _____ Age at diagnosis: _____ Maternal: Paternal:

Relationship: _____ Age at diagnosis: _____ Maternal: Paternal: | Relationship: _____ Age at diagnosis: _____ Maternal: Paternal:

Other: _____

Medical History

Are you pregnant? Yes: No:

Date of last period: _____

Age at menopause: _____

Age at first period: _____

Age at hysterectomy: _____

Hormone Use Yes: No:

Type: _____

Currently Using? Yes: No:

How long have you used? _____

Oral Contraceptive Use Yes: No:

Age at first use: _____ How long have you used? _____

Personal History

Please indicate date and side of each of the following:

	Side		Date	Side		Date
	L	R		L	R	
<input type="checkbox"/> Benign Surgical Biopsy/Excisional						<input type="checkbox"/> Breast Reduction
<input type="checkbox"/> Cyst Aspiration						<input type="checkbox"/> Lumpectomy
<input type="checkbox"/> MRI Biopsy						<input type="checkbox"/> Mastectomy
<input type="checkbox"/> Ultrasound Biopsy						<input type="checkbox"/> Chemotherapy
<input type="checkbox"/> Stereotactic Biopsy						<input type="checkbox"/> Radiation
						<input type="checkbox"/> Breast Implants

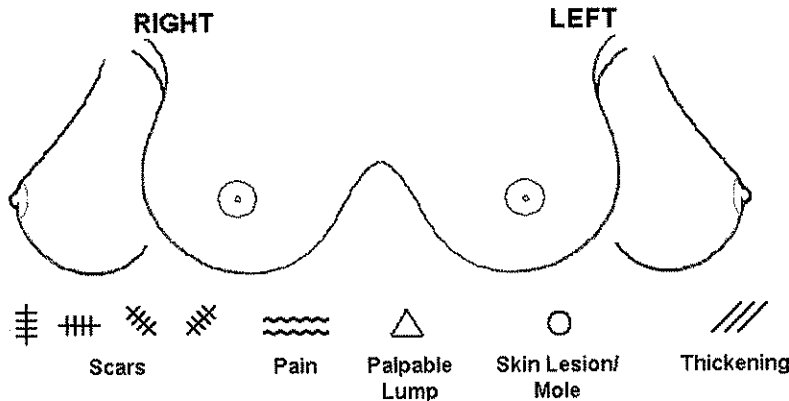
Signature

I attest that the information I have provided on this form is true to the best of my knowledge

Signature of patient or person authorized to consent for patient

Date

For Office Use Only Below This Line



Technologist Notes: _____

Disinfectant of Compression Devices

Technologist

EMPI#