

Mammography History Form

Name: _____ Birth date: ___ / ___ / _____

Current Height _____ Current Weight _____ E-mail: _____

Ethnic Group: Black White Asian Hispanic Ashkenazi Other

REASON FOR TODAY'S EXAM: Are you having any breast problems? Yes No _____

- Right Left I feel a NEW lump, mass or thickening Right Left My physician feels a NEW lump, mass or thickening
 Right Left New nipple discharge clear bloody Right Left Focal pain
 Right Left Other _____

Patient's History – Fill out all that apply

Yes No Have you had a mammogram before?
When? _____ Where? _____

Yes No Are you still having menstrual periods?
 Last Menstrual Cycle: ___ / ___ / ___ Age of First Menstruation: _____ # Children birthed: _____
 Age of first full-term pregnancy: _____ Age of last pregnancy: _____ # Children breast-fed: _____
 Age of menopause: _____ Age of hysterectomy: _____ Age of ovaries removed: _____

Yes No Have you taken any hormone medications? Date last taken: _____
 Birth Control Pills _____ Estrogen _____ Progesterone _____ Tamoxifen _____ Other _____

Yes No Personal history of cancer: If yes, at what age? _____
 Breast _____ Ovarian _____ Other: _____

Yes No Have you ever had genetic testing (BRCA1/BRCA2)? What were the results? NEGATIVE POSITIVE

Yes No Do you have a family history of breast cancer? If yes, in which relative(s)? What age at diagnosis?
 Mother/age: _____ Grandmother/age: _____ Maternal / Paternal
 Sister/age: _____ Aunt/age: _____ Maternal / Paternal
 Daughter/age: _____ Cousin/age: _____ Maternal / Paternal

Yes No Do you have a family history of ovarian cancer? If yes, in which relative(s)? What age at diagnosis?
 Relative _____ Maternal / Paternal Age: _____

History of breast procedures - Please indicate age or year of the procedure and the results. L-left, R-right, B-both

Biopsy L R B _____ Results of the biopsy: BENIGN MALIGNANT
 Lumpectomy L R B _____ Cyst aspiration L R B _____
 Mastectomy L R B _____ Radiation therapy L R B _____
 Chemotherapy L R B _____
 Reduction L R B _____
 Implants L R B Type: silicone saline

For technologist use only:

