assuredimaging
women's wellness

MRN ____________________

Last Name	First Name	MI	DOB	Age	Sex ☐ F ☐ M	Self-Referred? ☐ YES ☐ NO
Doctor		Doctor Address				Doctor Phone

PATIENT HISTORY FORM - MAMMOGRAPHY

☐ First Mammogram Time since last mammogram _____ yrs _____ mos ☐ <1 mo Location:_______________________________________

Have you had the following?

☐History of breast cancer At age? ____

☐History of other cancer At age? ____

Type____________________ Treatment______________________

FAMILY history of BREAST Cancer: (Blood Relative)

☐Mother ☐Daughter ☐ Sister ☐Grandmother P/M ☐Aunt P/M

☐Father ☐Son ☐ Brother ☐Grandfather P/M ☐Uncle P/M

☐ BRCA gene ☐ Ashkenazi Jewish

Gynecological History: *Currently Pregnant?* ☐NO ☐YES

Still In Menses? ☐NO ☐YES, Last Menstrual Period ___________

Menopause? ☐NO ☐YES, At age _____

Hysterectomy? ☐NO ☐YES, At age_____ # of Live Births _____

Hormones: Are you currently taking hormones? ☐NO ☐YES

Type:_________________ Duration:_________________

Birth Control: ☐NO ☐YES Type:________________________

Race/Ethnicity: ☐ Hispanic ☐ African American ☐ Caucasian ☐ Other (specify):

Smoking History:

☐Current every day smoker

☐Current some day smoker

☐Former smoker

☐Never smoker

☐Unknown if ever smoked

☐Smoker, current status unknown

☐Heavy tobacco user

☐Light tobacco user

Breast Surgical and Treatment History: List any procedures you may have had: result breast biopsy, excision, aspiration, cyst removal, lumpectomy, mastectomy, reduction, breast implants, other. Include date, type, side and result.

▶

Current Symptoms/Complaints/Concerns:

▶

FOR TECHNOLOGIST USE ONLY:

☐**Screening or** ☐**Diagnostic** Side _____ Proc Code ________________ Date ___________ Tech:_______________

▶ Reason for Mammogram

☐ Breast Pain

☐ Lump or Mass in Breast

☐ Calcification

☐ Personal Hx Malig Neoplasm Breast

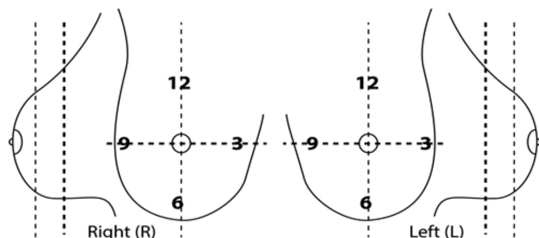
☐ Gynecomastia – Enlarged Breast

☐ Other ___________________________

▶ Indicated Problems

L	R		L	R	
☐	☐	Palpable abnormality	☐	☐	Pain
☐	☐	Non-bloody discharge	☐	☐	Skin thickening/retraction
☐	☐	Bloody discharge	☐	☐	Nipple abnormality
☐	☐	Lump or thickening			

▶ Physical Findings



 # Views _____ ☐Routine Views ☐Special Views ☐Implant Displ ☐Digital ☐3D

 # TOMO _____

Side	View	Mag Spot	Comp

Comments:____

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