Name:_____

PACSPR#:_____ **Date:**_____

Height:_____ **Weight:**_____ **DOB:**_____ **Age:**_____

Primary Care Information:

Provider Name:_____

Fax #:_____

Why are you having this mammogram and/or ultrasound? (Check all that apply)

	Where:			Where:	
☐ Screening	☐Right	☐ Left	☐ 3- or 6-Months Follow-Up	☐Right	☐ Left
☐ Lump or Thickening	☐Right	☐ Left	☐ Nipple Discharge	☐Right	☐ Left
☐ Skin Changes or Retraction	☐Right	☐ Left	*Please note color of discharges:* _____		
☐ Pain (Chronic or New)	☐Right	☐ Left	☐ Breast Implant Problem	☐Right	☐ Left
			☐ Other – please specify: _____	☐Right	☐ Left

Have you ever had a mammogram and/or ultrasound? ☐ Yes ☐ No
If yes, when:_____ Where: _____ Result: _____

Have you had any breast surgery or treatment? (Check all that apply) ☐ Yes ☐ No

Procedures:	Where:		When:	Procedures:	Where:		When:
☐ Cyst Aspiration	☐ Right	☐ Left	_____	☐ Radiation	☐ Right	☐ Left	_____
☐ Mastectomy	☐ Right	☐ Left	_____	☐ Reduction	☐ Right	☐ Left	_____
☐ Lumpectomy	☐ Right	☐ Left	_____	☐ Implants	☐ Right	☐ Left	_____
☐ Biopsies	☐ Right	☐ Left	_____	☐ Saline ☐ Silicone ☐ Pre-Pectoral ☐Retro-Pectoral			

Bx Result:
_____

Have you or anyone in your family been diagnosed with breast or ovarian cancer? ☐ Yes ☐ No (Check all that apply)

☐ Myself ☐ Mother ☐ Sister ☐ Daughter ☐ Grandmother ☐ Aunt
Age Diagnosed: _____ Current Age: _____ **OR** Deceased Age: _____ ☐ Maternal ☐ Paternal

Do you, or have you used hormones replacement therapy? ☐ Yes ☐ No
If Yes, what type? _____ Duration: _____

Age at 1st menstrual period: _____ **Age of Menopause:** _____ **Age at Hysterectomy**:_____

How many full-term pregnancies? _____ **Age at first live birth:** _____

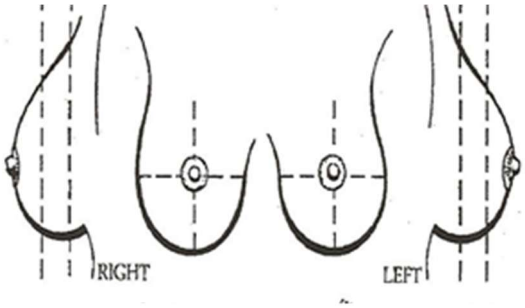
Are you of Ashkenazi Jewish Descent? ☐ Yes ☐ No

Have you been tested for the BRCA gene ? ☐ **Unknown** ☐ **Normal** ☐ **BRCA1+** ☐ **BRCA2+**

Have you received any vaccines within the last 6 weeks? ☐ Yes ☐ No When: _____ Which arm: ☐ Right ☐ Left

Mammography is an x-ray examination of the breast used primarily to detect cancer. Although mammography is the single best method of detecting breast cancer, it cannot find all breast cancers. Combined with monthly breast self-examinations and yearly clinical exams by your doctor, you can achieve good breast care. In order to obtain the best mammogram, it is essential that the breast be firmly compressed for a few seconds during the examination, which may cause some slight discomfort. A radiologist will interpret your films and the results will be sent to you and your doctor. Our technologists will be glad to provide you with additional information on mammography and breast self-examinations.

Patient Signature: _____ **Date:**_____



Tech Signature:_____
Prior Breast Density: _____ **Last CBE**_____
Prior BI-RADS: _____ **LTR:**_____

Tech Notes: