

PARK WEST RADIOLOGY

BREAST HISTORY & MAMMOGRAM SCREENING SHEET

COMPLETED BY PATIENT

PATIENT NAME: _____ TODAY'S DATE: _____

DATE OF BIRTH: _____

PHONE # (H): _____ (W): _____ DATE OF LAST MAMMOGRAM: _____

WHERE: _____ REFERRING PHYSICIAN: _____

What is the reason for having this breast exam?

- This is a routine exam. I AM NOT HAVING ANY BREAST PROBLEMS.
- This is a short interval follow-up requested from my last exam (1-11 months ago).
- I have BREAST IMPLANTS, but I am not having any problems. Type of implant: _____
- I am having the following new problem (s): (*please check R for right or L for left*)
 - New lump that can be felt R L Breast pain R L
 - Other NEW thickening R L Nipple problem R L
 - Bloody nipple discharge R L Non-bloody spontaneous nipple discharge R L
 - Other _____ R L Large Nodes under my arm R L
- I have a personal history of cancer. Date: _____ Location: _____
- Any medical conditions: _____

DATE OF LAST PHYSICAL BREAST EXAM PERFORMED BY YOUR PHYSICIAN: _____

Please enter your menstrual history (where applicable):

Age when periods started _____ Age at first full term pregnancy _____
Age at natural menopause _____ Number of live births _____
Age at hysterectomy _____ Are you pregnant? _____
Were your ovaries removed? YES NO Last Menstrual period: _____

Are you taking any of the following? YES NO

<input type="checkbox"/> Estrogen Replacement Therapy?	Age first used _____	Age last used _____
<input type="checkbox"/> Tamoxifen/Arimidex	Age first used _____	Age last used _____
<input type="checkbox"/> Progesterone?	Age first used _____	Age last used _____
<input type="checkbox"/> Hormonal Contraceptives (Birth control)	Age first used _____	Age last used _____

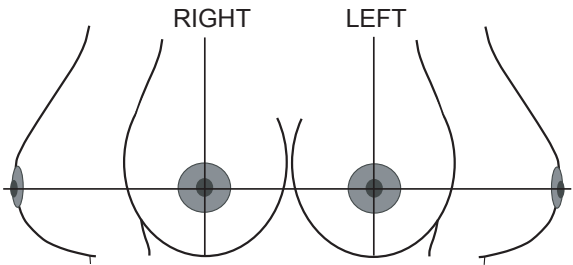
IMPORTANT: Check the following THAT ARE TRUE FOR YOU:

- No one in my family has had breast cancer.
- My aunt, grandmother, cousin, father, uncle had breast cancer. Maternal or paternal
- My mother, sister had breast cancer after their periods had stopped. Age at diagnosis _____
- My mother, sister had breast cancer while they were still having their periods. Age at diagnosis _____
- I have had breast cancer. R L

Have you ever had any of the following procedures: YES NO

<input type="checkbox"/> R <input type="checkbox"/> L Breast Reduction	Date: _____
<input type="checkbox"/> R <input type="checkbox"/> L Cyst Aspiration	Date: _____
<input type="checkbox"/> R <input type="checkbox"/> L Needle biopsy	Date: _____
<input type="checkbox"/> R <input type="checkbox"/> L Excisional biopsy	Date: _____
<input type="checkbox"/> R <input type="checkbox"/> L Lumpectomy for Cancer	Date: _____
<input type="checkbox"/> R <input type="checkbox"/> L Mastectomy	Date: _____
<input type="checkbox"/> R <input type="checkbox"/> L Radiation Therapy	Date: _____
<input type="checkbox"/> R <input type="checkbox"/> L Mastopexy (breast lift)	Date: _____

RIGHT LEFT



Screened by: _____ Entered in Mammobase by: _____

I verify that the answers I have provided to questions on this form are correct and understand that withholding information or inaccurate information may adversely affect the interpretation of this exam.

Patients signature: _____ Date: ____ / ____ / ____