



*Thank you for choosing Eastern Radiologists, Inc. in Washington, NC for your mammogram. To help us with the best possible care of your breast imaging needs, please take a few minutes to answer all the following questions.*

*Where was your last mammogram? \_\_\_\_\_ When? \_\_\_\_\_*

*Why are you having a mammogram today?*

*\_\_\_\_\_ Routine Screening*

*\_\_\_\_\_ Breast Problems Which breast? \_\_\_\_\_ Right \_\_\_\_\_ Left*

*Please explain the problem \_\_\_\_\_*

*Have you ever been diagnosed with breast cancer? \_\_\_\_\_*

*If yes, which breast? \_\_\_\_\_ When? \_\_\_\_\_*

*What surgery did you have? \_\_\_\_\_ Lumpectomy \_\_\_\_\_ Mastectomy*

*What treatment did you have? \_\_\_\_\_ Radiation \_\_\_\_\_ Chemotherapy*

*Have you ever been diagnosed with cancer other than breast? \_\_\_\_\_*

*If yes, what kind? \_\_\_\_\_*

*Do you have a family history of breast cancer? \_\_\_\_\_*

*If yes, who? \_\_\_\_\_ Age at diagnosis \_\_\_\_\_*

*Have you ever had a benign breast biopsy? \_\_\_\_\_*

*If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_ Which breast? \_\_\_\_\_*

*Have you had any other breast surgery?*

*\_\_\_\_\_ Implants \_\_\_\_\_ Breast Reduction \_\_\_\_\_ Other*

*Are you taking hormones? \_\_\_\_\_ How long? \_\_\_\_\_*

*How old were you when you had your first menstrual period? \_\_\_\_\_*

*Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_*

*If yes, what was your age at the birth of your first child? \_\_\_\_\_*

*Have you had a hysterectomy? \_\_\_\_\_ Age \_\_\_\_\_*

*If yes, one or both ovaries removed? \_\_\_\_\_*

*When was your last menstrual period? \_\_\_\_\_*

*Signed \_\_\_\_\_ Date \_\_\_\_\_*