

Patient Name _____ DOB ___ / ___ / ___ Date ___ / ___ / ___ MRN _____

QUESTIONNAIRE: MAMMOGRAM

Where was your last mammogram? _____ When? _____

Why are you having a mammogram today? ___ Routine Screening ___ Breast Problems Which breast? _____

Please explain the problem _____

Do you have any other appointments today? _____ If yes, what? _____

PERSONAL RISK FACTORS

Check all that apply

- ___ Diabetic
- ___ Breast cancer gene Age ___
- ___ History of breast cancer Age ___
- Which breast? Left ___ Right ___
- ___ Chemotherapy
- ___ Radiation Therapy
- ___ Mastectomy Left ___ Right ___
- ___ Lumpectomy Left ___ Right ___
- ___ History of other cancer
- What type? _____ Age ___

In what country were you born? _____

Race: White ___ Black ___ Hispanic ___ Other ___
___ Ashkenazi Jewish?

What is your highest level of education? _____

Height: _____ Weight: _____

GYNECOLOGICAL HISTORY (if applicable)

- Age of first menstrual period _____
- Number of live births _____
- Age at first full term pregnancy _____
- Date of last menstrual period _____
- Menopause Age: _____
- Left ovary removed Age: _____
- Right ovary removed Age: _____
- Hysterectomy Age: _____

FAMILY HISTORY OF CANCER

Blood Relative

Do you have a family history of breast cancer? YES NO

If yes, who? _____

Maternal or Paternal _____

Age at diagnosis? _____

Premenopausal _____ Postmenopausal _____

HORMONE HISTORY

	Currently Using	Age at First Use	Age at Last Use	Duration of Use
Hormonal Contraceptives	_____	_____	_____	_____
Estrogen	_____	_____	_____	_____
Progesterone	_____	_____	_____	_____
Tamoxifen	_____	_____	_____	_____
Raloxifene	_____	_____	_____	_____
Other	_____	_____	_____	_____

BREAST SURGERY HISTORY

Have you ever had a benign (noncancerous) breast biopsy? YES NO

If yes, which breast: _____ Date: _____

Any other breast surgery?

- ___ Implants
- ___ Breast reduction
- ___ Other _____

Patient Signature _____

Technologists _____