

MAMMOGRAPHY: BREAST IMAGING HISTORY

Weill Cornell Imaging at NewYork-Presbyterian

Name: _____

Age: _____

Date: _____

Daytime Phone Number: _____

Social Security: _____

Referring Doctor: _____

MR#: _____

1) Could you be pregnant today? Yes _____ No _____

2) Have you had a previous mammogram? Yes _____ No _____
If YES, when? _____ Where? _____

3) Have you had a previous clinical breast exam? Yes _____ No _____
If YES, when? _____ Where? _____

4) Are you having SPECIFIC PROBLEMS with your breasts? Yes _____ No _____
If YES, check all that apply and for how long.

| | <u>RIGHT</u> | <u>LEFT</u> | <u>DATE</u> |
|---------------------|--------------|-------------|-------------|
| Lump: | _____ | _____ | _____ |
| Nipple discharge: | _____ | _____ | _____ |
| Nipple retraction: | _____ | _____ | _____ |
| Pain: | _____ | _____ | _____ |
| Abnormal mammogram: | _____ | _____ | _____ |
| Other: | _____ | | |

5) Have you had previous BREAST SURGERY or BIOPSY? Yes _____ No _____

If YES, check all that apply and dates:

| | <u>RIGHT</u> | <u>LEFT</u> | <u>DATE</u> |
|----------------------------------|--------------|-------------|-------------|
| Cancer (Lumpectomy): | _____ | _____ | _____ |
| With Radiation Therapy: | _____ | _____ | _____ |
| Cancer (Mastectomy): | _____ | _____ | _____ |
| Benign: | _____ | _____ | _____ |
| Implant or other reconstruction: | _____ | _____ | _____ |

6) Have any family members had breast cancer? Yes _____ No _____

If YES, check all that apply and ages at diagnosis:

| | | | |
|-------------|-----------------|--------|-----------------|
| Mother | _____ Age _____ | | |
| Grandmother | _____ Age _____ | Aunt | _____ Age _____ |
| Other _____ | _____ Age _____ | Sister | _____ Age _____ |

7) Are you on hormone therapy? Yes _____ No _____ If so, for how long? _____

8) Number of term pregnancies? _____ Your age when your first child was born? _____

If you breast-fed, for how long (total)? _____ Have you breast-fed in the last six months? _____

9) Age of first menstrual period? _____

Date of last menstrual period? _____

If post-menopausal, age of last period _____

FOR TECHNOLOGIST USE ONLY:

TECHNOLOGIST'S NAME: _____

COMMENTS: _____



