Mammography History Form Radiology Affiliates

Date: **ID #:**

Patient: Sex:
DOB:
Home Ph:
MD's: Day Ph:

History
Reason for Exam
Here
1st Mammo Date
Last Natural Period
Age at first menstrual cycle:
Prior Film

Family History	*Yes*	*No*	*<50*	*Age*
Breast Cancer	☐	☐		
Self	☐	☐	☐	___
Mother	☐	☐	☐	___
Sister	☐	☐	☐	___
Daughter	☐	☐	☐	___

☐ **None Reported**

Ovarian Cancer	*Yes*	*No*	*Age*
Self	☐	☐	___
Mother	☐	☐	___
Sister	☐	☐	___
Daughter	☐	☐	___

Current Symptoms *Left/Right/Both* ☐ **None Reported**

Lump		Thickening		Abnormal Nipple	
Pain		Retraction		Other Cancer	
Tenderness		Lymph Node		Difficult Exam	
Discharge		Implant Prob		Other	

Surgical History *Left/Right/Both - Date* ☐ **None Reported**

Aspiration		Reduction	
Needle Bx		Lumpectomy	
Excisional Bx		Mastectomy	
Stereo Bx		Radiation Thx	
Reconstruction		Chemo. Thx	

Biopsy History
# of Biopsies ____
Benign ☐
Malignant ☐
Atyp Hyperplasia ☐ LCIS ☐ DCIS ☐

Personal History
# of pregnancies
# of live births
Age 1st pregnancy
Age 1st live Birth
Ever Breast Fed ☐
Currently Feeding ☐
Menopause Age
Periods Stopped?
Age ____ Reason
HRT Use:
How Long: ____ Used for: ____ yrs
Hysterectomy ☐ ⇨ Age:
Ovaries Rem. ☐ ⇨ Age L: ⇨ Age R:

Hormone Currently *Use (Duration, Dates)*

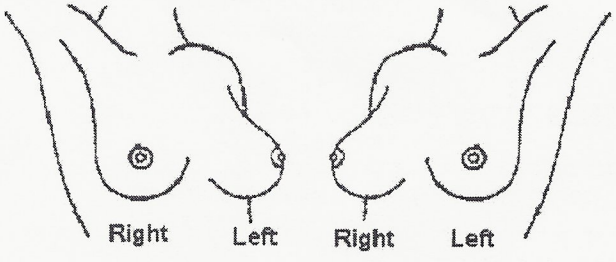
Contraceptives	☐	
Estrogen	☐	
Progesterone	☐	
Tamoxifen	☐	
Other 1		
Other 2		

Race/Ethnicity:

Implants *Left/Right/Both - Date* *Yes / No* ☐ **None Reported**

Explantation		Silicone Gel	☐	Saline	☐	Pre-pectoral	☐
Implants		Combination	☐			Retro-pectoral	☐

Notes:



Technologist: