

BREAST IMAGING WORKSHEET

PATIENT INFORMATION

TODAY'S DATE: _____

Patient's Name:	DOB:	Ref Phy:
Address:	Age:	CC:
City,State,Zip:	Gender:	MRN #:

MAMMOGRAPHY HISTORY

Date Last Mammography:	Any pregnancies since last mammography:	Age 1 st Pregnancy:
Where Performed:	Any weight change (>15 lbs) since last mammography:	Age 1 st Period:
Date of Last Menstrual Period:	Currently Breast Feeding:	Age Last Period:

INDICATE ANY CURRENT COMPLAINTS / SYMPTOMS

YES	NO	COMPLAINT / SYMPTOMS	RIGHT	LEFT	COMMENTS
		Pain and /or soreness			
		Lump (new or enlarging)			
		Discharge from nipple			
		Any other complaints or symptoms :			

RISK FACTORS / MEDICAL HISTORY

YES	NO	Family History of Breast Cancer: ___Mother ___Sister ___Daughter	Age When Diagnosed:
		Personal History of Cancer: ___Breast ___Uterine ___Ovarian ___Colon	Age When Diagnosed:
		Ovaries Removed:	Age When Removed:
		Hormone Usage: (Last 15 yrs) ___Estrogen ___Progesterone ___Tamoxifen ___Birth Control	
		Currently using: ___Stopped 1-4 years ago ___Stopped 5-14 years ago	

BREAST SURGERY HISTORY: (INDICATE WHICH BREAST,DATE PERFORMED, BENIGN OR MALIGNANT)

YES	NO	
		Cyst Aspiration
		Excisional Biopsy
		Lumpectomy
		Mastectomy
		Breast Reduction
		Breast Implants
		Radiation

- I AUTHORIZE FREEHOLD RADIOLOGY TO CALL ME WITH TODAY'S MAMMOGRAPHY RESULTS. (CHECK APPROPRIATE BOX(S))
 - RESULTS GIVEN DIRECTLY TO ME (ONLY)
 - LEAVE A DETAILED MESSAGE ON MY VOICEMAIL
- AUTHORIZED PHONE NUMBER TO CALL WITH TODAY'S MAMMOGRAPHY RESULTS: (CHECK APPROPRIATE BOX(S))
 - CELL PHONE: _____
 - HOME PHONE: _____

_____ I RECEIVED EDUCATIONAL MATERIAL REGARDING BREAST DENSITY.

PT INITIALS

The above information is correct:

Patient's Signature: _____ Today's Date _____

FOR TECHNOLOGIST USE: TECH INITIALS: _____

