



Mammography Questionnaire

Accession #: _____

Last Name: _____ First Name: _____ Age: _____

Previous names: _____ Date of Birth: _____

Race/Ethnicity: _____ Marital status: _____ Email: _____

Office phone: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Referring physician: _____ Date of last doctor's visit: _____

Reason for mammogram/exam: _____

Have you had a previous mammogram: Yes No Where: _____ When: _____

Have you had a prior breast ultrasound: Yes No Where: _____ When: _____

1st Menstruation: _____ # of Children Birthed: _____ 1st Full Term (year): _____ # Breast Fed: _____ Last Pregnancy (year): _____

Menopause (year): _____ Hysterectomy(year): _____ Ovaries Removed: _____ Years Smoked: _____ Height: _____ Weight: _____

Last Menstrual Period (date): _____

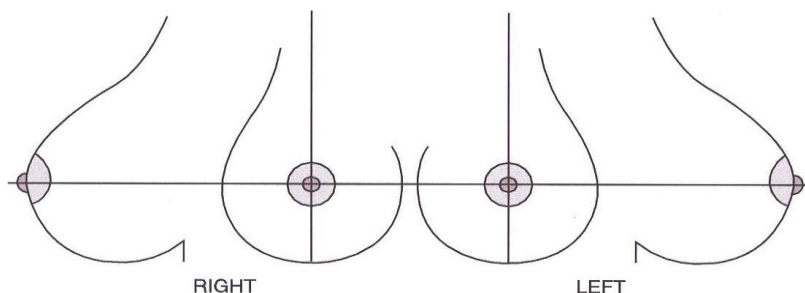
	Onset	last used	OR	duration	plan duration
Birth Control:	_____	_____		_____	_____
Estrogen:	_____	_____		_____	_____
Progesterone:	_____	_____		_____	_____
Tamoxifen:	_____	_____		_____	_____

YES NO

- Do you have a **family history** of breast cancer? **If yes, check all that apply:**
 - Mother (Age: __) Sister (Age: __) Grandmother (Age: __) Aunt (Age: __)
- Have **you** ever had **breast cancer**? **If yes, check all that apply:**
 - Left** (Date: _____) Mastectomy Lumpectomy Reconstruction Chemotherapy Radiation
 - Right** (Date: _____) Mastectomy Lumpectomy Reconstruction Chemotherapy Radiation
 - Nulliparous-never pregnant: _____ BRCA1 positive: _____ BRCA2 positive: _____ Ashkenazi: Yes
- Personal history of cancer (**NOT breast**)? **If yes, what type of cancer?** _____
- New breast lump since last mammogram Left Right Both How long? _____
- New pain or tenderness Left Right Both
- Nipple discharge Left Right Both Color/How long? _____
- Breast Surgery Left Right Both When? _____
- Breast needle biopsy Left Right Both When? _____
- Implants (date : _____)
- Is there any chance you are pregnant?

Patient Signature: _____ Date: _____

*****Do NOT write below this line*****



- Nipple Discharge**
- Spontaneous
 - Not Spontaneous