

## Mammography Questionnaire

Name \_\_\_\_\_

Age \_\_\_\_\_

Today's Date \_\_\_\_\_

DOB \_\_\_\_\_

Last Menstrual Period \_\_\_\_\_

Date of last full breast physical examination by a doctor: \_\_\_\_\_

### Reason for Mammogram / Breast US / Breast MRI

Routine

Abnormal Mammogram / US

When did symptoms first occur?

Lump (new or enlarging) R L \_\_\_\_\_

Nipple discharge R L \_\_\_\_\_

Pain/soreness R L \_\_\_\_\_

Other R L \_\_\_\_\_

### History

Have you breastfed within the past 6 months? Yes No

Have you ever been told you have breast cancer? Yes No

Are you currently on hormone therapy (estrogen)? Yes No

Breast cancer pre-op staging R L

Breast cancer follow-up R L

Is there a history of breast cancer in your family? Yes No

If "Yes" please check/enter age of relative who had cancer.

Sister-age \_\_\_\_\_  Mother-age \_\_\_\_\_  Daughter-age \_\_\_\_\_

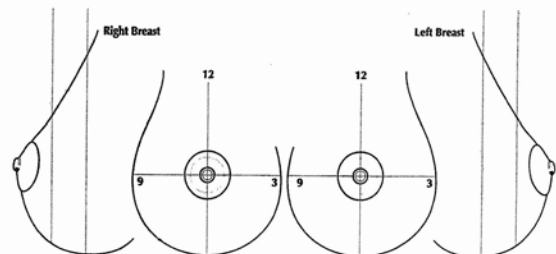
### Previous mammograms, breast ultrasounds, or breast MRI's

Most recent \_\_\_\_\_ Where \_\_\_\_\_ What exam \_\_\_\_\_

Next most recent \_\_\_\_\_ Where \_\_\_\_\_ What exam \_\_\_\_\_

### Breast Surgery:

	R	L	Date
Mastectomy	_____	_____	_____
Lumpectomy for cancer	_____	_____	_____
Benign surgical biopsy	_____	_____	_____
Stereotactic biopsy	_____	_____	_____
US core biopsy	_____	_____	_____
Cyst aspiration	_____	_____	_____
Implants	_____	_____	_____
Reduction	_____	_____	_____
MRI Core Biopsy	_____	_____	_____



Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please Circle the Correct Answer**

1) Do you have a medical history of any breast cancer or of ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS) or have received previous radiation therapy to the chest for treatment of Hodgkin's Lymphoma?

Yes                      No

2) Do you have a mutation in either the BRCA1 or BRCA2 gene, or a diagnosis of a genetic syndrome that may be associated with elevated risk of breast cancer?    Yes              No

3) What is your age? \_\_\_\_\_

4) What was your age at the time of your first menstrual period?

Unknown              7 - 11              12 - 13              > =14

5) What was your age at the time of your first live birth of a child?

Unknown              No births              < 20              20 - 24              25 - 29              >30

6) How many of your first-degree relatives - mother, sisters, daughters - have had breast cancer?

Unknown              0                      1                      More than 1

7) Have you ever had a breast biopsy?    Unknown              No              Yes

7a) How many breast biopsies (positive or negative) have you had?              1              More than 1

7b) Have you had at least one breast biopsy with atypical hyperplasia?

Unknown              Yes                      No

8) What is your race/ethnicity?              **White**              **African American**              **Hispanic**

**Asian/Pacific Islander**    **American Indian**                      **Alaskan Native**              **Unknown**

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LTR This Patient \_\_\_\_\_%

LTR Average Patient \_\_\_\_\_%

LTR 5 years \_\_\_\_\_%