



Mammography, Breast US and Breast MRI Questionnaire

REFERRING MD \_\_\_\_\_

PRIMARY CARE MD \_\_\_\_\_

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 \_\_\_\_\_

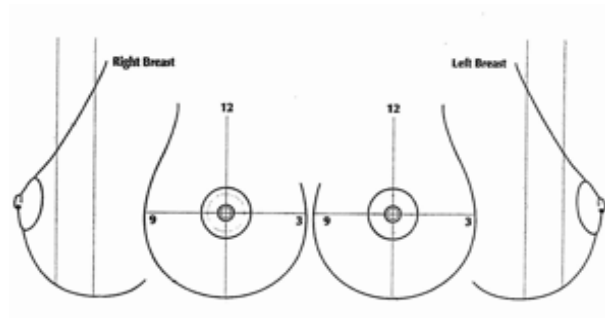
Previous mammograms, breast ultrasounds, or breast MRI's

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

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

Breast Surgery:

Table with 3 columns: Procedure, Side (R/L), Date



Name of Tech: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

**WORKSHEET**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EXAM: \_\_\_\_\_

TECHNOLOGIST: \_\_\_\_\_

CLINICAL HISTORY: \_\_\_\_\_

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**IMPRESSION:**

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