



# AUSTIN RADIOLOGICAL ASSOCIATION MAMMOGRAPHY WORKSHEET

ACC#: \_\_\_\_\_ Site: \_\_\_\_\_ MRN: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**Patient Information** (to be filled out by patient):

\_\_\_\_\_ Did your physician refer you for this mammogram? Yes / No  
**Previous Last Name**

Have you ever had a mammogram? Yes / No If yes, where and when was it performed? \_\_\_\_\_

Have you ever had breast surgery or other breast procedures? Yes / No If yes, please circle type and list dates:

Type of Procedure	Which Breast?	Dates Procedures Performed?	What type? Needle or Surgical
Biopsy/Aspirations	Left or Right	_____	
Reduction/Lift	Left or Right	_____	
Augmentation (Implants)	Left or Right	_____	
Mastectomy	Left or Right	_____	
Lumpectomy (due to Cancer)	Left or Right	_____	
Radiation Therapy	Left or Right	_____	

**Personal/Family History**

Has your blood-related parent, sibling, or child ever had breast cancer? Yes / No

If yes, who was it and at what age was the diagnosis? \_\_\_\_\_

Have you ever had any type of cancer? Yes / No If yes, what type? \_\_\_\_\_

**High Risk Factors**

Yes / No Do you have a known breast related deleterious gene mutation, or do you have a first degree relative with a known gene mutation and have not been tested yourself (Ex. BRCA1/2, Peutz Jeghers, Cowden's)? If yes, explain further \_\_\_\_\_

Yes / No Have you received Radiation Therapy to your Chest due to Cancer before the age of 30?

Yes / No Have you had a breast biopsy with pathology results of Atypical Ductal Hyperplasia (ADH) or a Lobular Neoplasia (such as ALH or LCIS)? If yes, please explain \_\_\_\_\_

**Current History**

Any possibility you may be pregnant? Yes / No First day of last menstrual cycle? \_\_\_\_\_

Are you currently breastfeeding? Yes / No

Are you currently using hormones? Yes / No If yes, what type and for how long? \_\_\_\_\_

What is the reason for this examination? Please check the most appropriate blanks below:

- Routine screening, (Well Woman)** I am not aware of any breast problems  
 **Not routine, I have a**
- Breast lump
  - Nipple discharge and/or changes in nipple
  - Follow-up to recent mammo, breast sono, or breast MRI
  - Other

Please describe in more detail any areas checked above: \_\_\_\_\_