

Patient Information (to be filled out by patient):

Patient's Last Name	First Name	Previous Last Name	Date of Birth
---------------------	------------	--------------------	---------------

Have you ever had a mammogram, breast ultrasound or breast MRI? Yes No If yes, where and when was it performed? _____

What was the date of the first day of your last menstrual period? _____

Are you currently using any hormones? Yes No If yes what type and for how long? _____

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

Type of Procedure	Dates	Which Breast?	Dates Procedures Performed?
Biopsy/Aspirations		<input type="checkbox"/> Left or <input type="checkbox"/> Right	<input type="checkbox"/> Needle or <input type="checkbox"/> Surgical
Augmentation (Implants)		<input type="checkbox"/> Left or <input type="checkbox"/> Right	<input type="checkbox"/> Saline or <input type="checkbox"/> Silicone
Reduction/Lift		<input type="checkbox"/> Left or <input type="checkbox"/> Right	
Mastectomy		<input type="checkbox"/> Left or <input type="checkbox"/> Right	
Lumpectomy (due to Cancer)		<input type="checkbox"/> Left or <input type="checkbox"/> Right	
Radiation Therapy		<input type="checkbox"/> Left or <input type="checkbox"/> Right	

Personal/Family History

Have you ever been diagnosed with breast cancer? Yes No

If yes, when, by what type of biopsy and which breast? _____

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? _____

Current History

Any possibility you may be pregnant? Yes No

Are you currently breastfeeding? Yes No

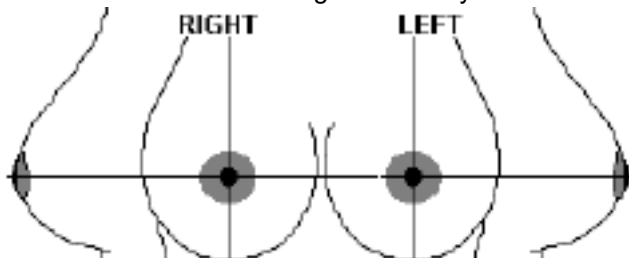
Have you tested positive for BRCA 1 or BRCA 2? Yes No or NA (have not been tested)

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

- Screening** I am not aware of any breast problems I have a strong family history of breast cancer,
 I am BRCA 1 and/or BRCA 2 positive (check as appropriate), other
- Not routine**, I have a breast lump skin thickening or dimpling nipple changes nipple discharge
 follow-up to recent mammo or breast sono new diagnosis of breast cancer other

Please describe in more detail any areas checked above:

For Technologist Use Only:



Technologist please document areas such as lump, scar, site of biopsy, etc.