

AUSTIN RADIOLOGICAL ASSOCIATION BREAST MRI WORKSHEET

Patient Information (to be filled out by patient):

Patient's Last Name	First Name	Previous Last Name	Date of Birth
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Have you ever had a mammogram, breast ultrasound or breast MRI? _____

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? _____ If yes, please circle type and list dates:

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

Personal History

Have you ever been diagnosed with breast cancer? _____ If yes, when, by what type of biopsy and which breast? _____

Has a blood-related family member ever had breast cancer? _____

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)

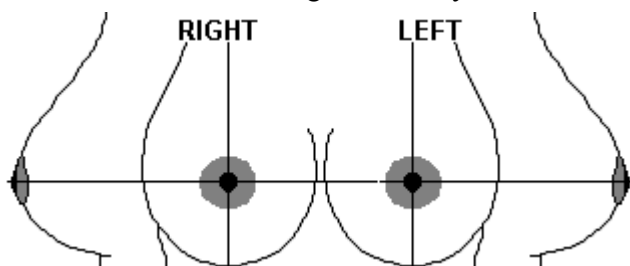
What is the reason for this examination? Please check the most appropriate blanks below:

___ **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 (circle 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.

