



INFORMATION WORKSHEET MAMMOGRAPHY

Name: _____ Date: _____
 Date of Birth: _____ Age: _____ Sex: F _____ M _____
 Address: _____
 City _____ State: _____ Zip Code _____
 Phone Number: () _____ House Number: () _____
 Social Security Number: _____

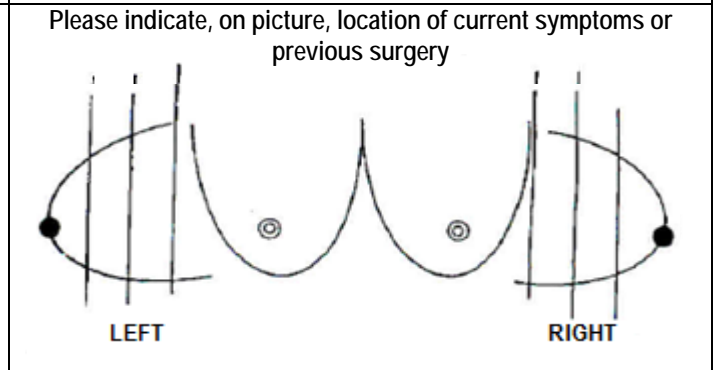
Ethnic Origin: Caucasian _____ African American _____ American Indian/Eskimo _____ Asian/Pacific Islander _____ Hispanic _____
 Is this your first mammogram ever? No Yes If yes, where were they done? _____ When? _____
 Referring physician: _____

Medications:	() None	How long?	Previous Treatment:	() None	Date
Estrogen		_____	Cyst Aspiration	Rt _____ Lt _____ Both _____	_____
Progesterone		_____	Reduction Surgery	Rt _____ Lt _____ Both _____	_____
Birth Control Pills		_____	Needle Biopsy	Rt _____ Lt _____ Both _____	_____
Tamoxifen		_____	Excisional Biopsy	Rt _____ Lt _____ Both _____	_____
Other? (Please List)		_____	Lumpectomy	Rt _____ Lt _____ Both _____	_____
			Mastectomy	Rt _____ Lt _____ Both _____	_____
			Radiation Therapy	Rt _____ Lt _____ Both _____	_____
			Chemotherapy	Rt _____ Lt _____ Both _____	_____

History:
 Age when menstruation began? _____
 Age when menstruation stopped? _____
 Date of last menstrual period _____
 Have you had your ovaries removed? No Yes
 Have you had a hysterectomy? No Yes
 Number of pregnancies _____

Do you have implants: No Yes
 Silicone Saline Combination
 Pre-Pectoral (in front of muscle)
 Retro-pectoral (behind of muscle)

Risk Factors (check all that apply) () None
 ___ Family history of breast cancer
 Who? _____
 Age at diagnosis _____
 ___ Personal breast cancer history
 ___ Personal history of cancer (uterus, ovaries, colon, etc.)
 ___ Family history of cancer (uterus, ovaries, colon, etc.)
 Who? _____
 ___ History of LCIS
 ___ Post-menopausal patient
 ___ Nulliparous (no pregnancies)
 ___ Late child bearing (after 30)



Indicated Problems: (check all that apply) () None
 Do you currently have:
 ___ Palpable abnormality
 ___ Lump or thickening
 ___ Nipple abnormality
 ___ Pain or thickening
 ___ Skin thickening
 ___ Large axillaries lymph nodes
 ___ Nipple discharge
 ___ Cancer elsewhere (please indicate) _____
To the best of my knowledge, I am not currently pregnant
 Signature: _____ Date: _____