Mammography History Form

Date: _____ MRN: _____

Patient: _____ Sex: ____ DOB: ____ Age: ____

Home Phone: _____

MD's: _____ Day Phone: _____

_____

Previous History

Reason _____

Elsewhere _____

_____

Here _____

1st Mammo Date _____

Ever Breast Fed ☐ Currently Feeding ☐

Perform BSE _____

Height: ____ Weight: ____ BMI: ____

Hysterectomy ☐ ⇨ Age: ____

Ovaries Rem. ☐ ⇨ Age L: ___ Age R: ___

Family History	*Y/N*		*<50*	*Age*	Ovarian Cancer	*Y/N*	*Age*
Breast Cancer	☐						
Self	☐	⇨	☐	___	Self	☐	___
Mother	☐	⇨	☐	___	Mother	☐	___
Sister	☐	⇨	☐	___	Sister	☐	___
Mat. Grandmother	☐	⇨	☐	___	Mat. Grandmother	☐	___
Pat. Grandmother	☐	⇨	☐	___	Pat. Grandmother	☐	___
Mat. Aunt	☐	⇨	☐	___	Mat. Aunt	☐	___
Pat. Aunt	☐	⇨	☐	___	Pat. Aunt	☐	___
Other Daughter	☐	⇨	☐	___	Other Daughter	☐	___
Other Sister	☐	⇨	☐	___	Other Sister	☐	___
1st Degree Male	☐						

Current Symptoms

Lump:	☐L ☐R	Thickening:	☐L ☐R	Nipple Abnormality:	☐L ☐R
Pain:	☐L ☐R	Retraction:	☐L ☐R	Other Cancer:	☐L ☐R
Tenderness:	☐L ☐R	Lymph Node:	☐L ☐R	Difficult Exam:	☐L ☐R
Discharge:	☐L ☐R	Impt Prblm:	☐L ☐R	Other:	☐L ☐R

Surgical History		*Date*			*Date*	**Biopsy History**
Aspiration	☐L ☐R	_____	Reduction	☐L ☐R	_____	# of Biopsies 0
Needle Bx	☐L ☐R	_____	Lumpectomy	☐L ☐R	_____	Atyp Hyperplasia ☐ LCIS☐ DCIS☐
Excisional Bx	☐L ☐R	_____	Mastectomy	☐L ☐R	_____	No Benign Disease ☐
Stereo Bx	☐L ☐R	_____	Radiation	☐L ☐R	_____	Hyperplasia (No Atypia) ☐
Reconstruction	☐L ☐R	_____	Chemotherapy	☐L ☐R	_____	Prior w/ Unknown Result ☐

Personal History

# of children	____	Age 1st Birth	____	HRT Use	_____
# of pregnancies	_____	Age of 1st Pregnancy	_____	How Long	_____
Menarche Age	_____	Menopause Age	_____	HRT Used for:	_____
Periods Stopped	☐ Yes ☐ No	Age ____	Reason _____	HRT Type:	_____
Ashkenazi	☐ Yes ☐ No ☐Unknown				

Implants: ☐ Yes ☐ No ☐L ☐R Date _____ ☐Silicone Gel ☐Saline ☐Combination ☐Pre-Pectoral ☐Retro-Pectoral

Removed? ☐L ☐R _____

Notes: