

Mammography History Form

Associates In Womens Health
 16910 Marcy St Suite 200
 Omaha, NE 68118

BIRADS 0 1 2 3 4 5 6
 DENSE NON-DENSE

NAME _____ DATE OF SERVICE _____

D.O.B _____ AGE _____ TECH _____

REFERRING PHYSICIAN _____

PREVIOUS MAMMOGRAMS _____

TODAYS EXAM: CIRCLE BELOW EMAIL LETTER

SCREENING

DIAGNOSTIC BIL UNI - R UNI - L

INDICATION LUMP PAIN DISCHARGE SKIN CHANGES NEW NIPPLE RETRACTION OTHER
 SEE COMMENTS BELOW

MEDICATIONS HORMONES _____ LAST DATE TAKEN _____
 Aromatase Inhibitors _____ LAST DATE TAKEN _____
 Genetic testing done? Yes No results _____

FAMILY HISTORY OF BREAST CANCER (First degree relative)

Relation _____ Age _____
 Relation _____ Age _____
 Relation _____ Age _____

PERSONAL HISTORY OF BREAST CANCER Y N LATERALITY R L Age _____
 Radiation Therapy (date) _____ Chemotherapy (date) _____

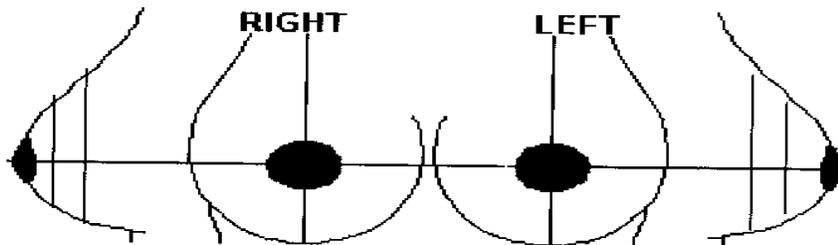
PREVIOUS BREAST SURGERIES

	R	L	Date
Biopsy			
Lumpectomy			
Cyst Aspiration			
Mastectomy			
Implants			
Reduction			

PLEASE DIAGRAM ANY INDICATIONS AND CUTANEOUS MARKINGS

Age at first menses _____

Age at first birth _____



RISK ASSESSMENT

5 Year Risk _____

Lifetime Risk _____

Comments _____

I agree the above information to be correct:

Patient Signature _____ MIC Staff Signature _____

Date _____ Date _____