Weinstein Imaging ASSOCIATES

Breast Imaging Questionnaire

Exam date _____ / _____ / _____ **Birth date** _____ / _____ / _____ _____
month day year **last 4 digits of SS#**

Name _____ Age _____

Referring MD _____ 2nd MD to get report _____

Last mammogram
- ☐ Weinstein Imaging
- ☐ elsewhere: yr _____ where? _____
- ☐ none

Last breast MRI ☐ year _____ ☐ none

Last Molecular Breast Imaging (MBI or BSGI)
- ☐ year _____ ☐ none

CURRENT BREAST CONCERNS

	NO	Lt	Rt
NEW lump felt by you or your doctor how long? _____	☐	☐	☐
NEW thickening in your breast how long? _____	☐	☐	☐
NEW breast pain / tenderness how long? _____	☐	☐	☐
Inverted nipple: how long? _____	☐	☐	☐
Nipple discharge / bleeding how long? _____ color: _____	☐	☐	☐

YOUR BREAST HISTORY

	NO	Lt	Rt
Breast implants: year _____ ☐ saline ☐ silicone ☐ unsure / other	☐	☐	☐
Breast reduction or breast lift surgery: year _____	☐	☐	☐
Aspiration (drainage) of breast cysts	☐	☐	☐
Benign needle biopsy (not cysts): how many? _____	☐	☐	☐
Benign surgical biopsy (not cancer): how many? _____	☐	☐	☐
Atypical hyperplasia: year _____	☐	☐	☐
Lobular carcinoma in situ: year _____	☐	☐	☐
Breast cancer: year _____ ☐ invasive ☐ DCIS/intraductal ☐ lumpectomy ☐ mastectomy ☐ radiation ☐ chemo ☐ hormone therapy (eg tamoxifen)	☐	☐	☐

	NO	Yes
Ovarian cancer	☐	☐
Other cancers: _____	☐	☐
Current or past hormone replacement therapy type _____ used for ____ years ☐ currently using ☐ stopped ____ years ago	☐	☐
Currently on birth control pills	☐	☐
Ashkenazi Jewish heritage ☐ unknown	☐	☐
Testing for breast cancer gene in your family your results: _____ relatives' results: _____	☐	☐
Relatives with **BREAST** cancer ☐ mother (age diagnosed ____) ☐ ___ sisters (age diagnosed ____) ☐ pat. / mat. grandmother (age diag ____) ☐ ___ pat. aunts (age diagnosed ____) ☐ ___ mat. aunts (age diagnosed ____) ☐ ___ daughters (age diagnosed ____) ☐ others: _____	☐	☐
Relatives with **OVARIAN** cancer ☐ mother (age diagnosed ____) ☐ ___ sisters (age diagnosed ____) ☐ pat. / mat. grandmother (age diag ____) ☐ ___ pat. aunts (age diagnosed ____) ☐ ___ mat. aunts (age diagnosed ____) ☐ ___ daughters (age diagnosed ____) ☐ others: _____	☐	☐

Height ____ ft. ____ in.

Weight _____ lbs., Weight at last mammogram _____ lbs.

Menstrual periods started at age ____

First baby born at age ____ ☐ Not applicable

Any chance of pregnancy?
- ☐ no, but still having periods:
  1st day of last period ___ / ___ / ____
- ☐ no, hysterectomy at age ____
- ☐ no, menopause at age ____
- ☐ yes (please inform tech)

Patient signature _____

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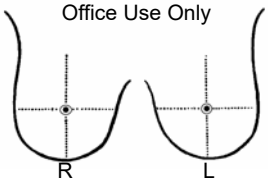

Shield ___ _____

Rm ___ _____

Cleaned ___ _____ Tech _____