

Breast Imaging Questionnaire

Exam date ____ / ____ / ____

Birth date ____ / ____ / ____
month day

Age ____

Name _____

Referring MD _____

Have you had a COVID vaccine? no yes

2nd MD to get report _____

Date _____ Which arm? _____ (The vaccine can cause lymph node swelling under the arm for several weeks, which may require add'l testing)

Do you want 3D mammo? no yes

(It's more accurate and is covered by most insurances)

Last mammogram none

Weinstein Imaging

elsewhere: yr _____ where? _____

Last breast Magnetic Resonance Imaging (MRI)

never when & where _____

If you never had a mammogram, but had breast ultrasound, in what year was it? _____

Any new breast concerns?	NO	YES	(circle)
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If YES:

Lump felt by you or your doctor

Lt	Rt
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how long? _____

Thickening in your breast

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how long? _____

Breast pain / tenderness

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how long? _____

Inverted nipple: how long?

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Nipple discharge / bleeding

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how long? _____ color: _____

Any history of breast surgery, biopsy, or cyst drainage?	NO	YES	(circle)
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If YES:

Breast implants: year _____

Lt	Rt
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saline silicone other

Breast reduction or breast lift surgery:

--	--

year _____

Aspiration (drainage) of breast cysts

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Benign needle biopsy (not cysts):

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how many? _____

Benign surgical biopsy (not cancer):

--	--

how many? _____

Atypical hyperplasia: year _____

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Lobular carcinoma in situ: year _____

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Breast cancer: year _____

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invasive DCIS/intraductal

lumpectomy mastectomy

radiation chemo

hormone therapy (eg tamoxifen)

Ovarian cancer

NO	Yes
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Other cancers: _____

Current or past hormone replacement therapy

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type _____

used for ____ years

currently using

stopped ____ years ago

Currently on birth control pills

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Ashkenazi Jewish heritage unknown

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Testing for breast cancer gene in your family

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your results: _____

relatives' results: _____

Relatives with **BREAST** cancer

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mother (age diagnosed ____)

____ sisters (age diagnosed ____)

pat. / mat. grandmother (age diag ____)

____ pat. aunts (age diagnosed ____)

____ mat. aunts (age diagnosed ____)

____ daughters (age diagnosed ____)

Relatives with **OVARIAN** cancer

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mother (age diagnosed ____)

____ sisters (age diagnosed ____)

pat. / mat. grandmother (age diag ____)

____ pat. aunts (age diagnosed ____)

____ mat. aunts (age diagnosed ____)

____ daughters (age diagnosed ____)

Height ____ ft. ____ in.

Weight ____ lbs., Weight at last mammogram _____

Menstrual periods started at age _____

First baby born at age ____ Not applicable

What is your menstrual status?

Menopause (change of life) at age ____

Hysterectomy at age ____

Perimenopausal

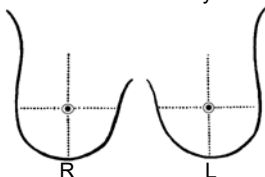
Not pregnant to the best of my knowledge

1st day of last period ____ / ____ / ____

Pregnant or possibly pregnant (inform staff)

Signature _____

Office Use Only



Rm _____

Cleaned _____

Shielded _____ Tech _____