Weinstein Imaging ASSOCIATES

Breast Imaging Questionnaire

Exam date _____ / _____ / _____ **Birth date** _____ / _____ / _____
month day year

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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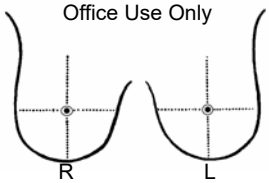

Shield ___ _____
Rm ___ _____
Cleaned ___ _____ Tech _____

9/21/17