

Name: _____ Date: _____
 DOB: _____ Date/Year of last menstrual period: _____
 Reason for exam today: _____
 Have you had a previous mammogram: Yes No Where? _____ When? _____
 Height: _____ Weight: _____ Any changes (up or down? how much?) _____
 Ethnicity: Mother: _____ Father: _____ Are you of Ashkenazi descent? Yes No
 Age at first period: _____ Age at first live birth: _____ Age at menopause: _____ Bra Size: _____
 Are you currently pregnant? Or is there any possibility that you are pregnant: Yes No

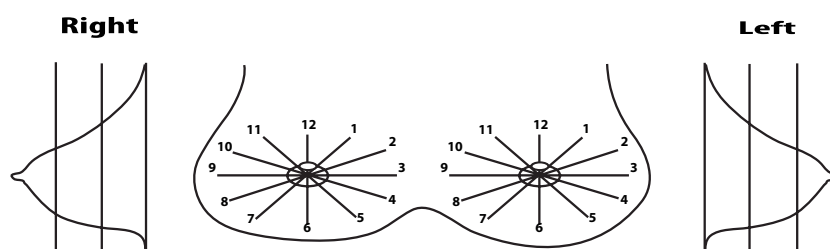
CURRENT BREAST CONCERNS: Please describe and give location:

How many Breast Biopsies or Breast Surgeries have you had? _____ Any Atypia? Yes No
 Aware of any new lumps today? Yes No Rt ____ Lt ____ How Long _____
 Recent breast pain or soreness: Yes No Rt ____ Lt ____ How Long _____
 Discharge from nipple: Color? _____ Yes No Rt ____ Lt ____ How Long _____
 Any recent breast trauma? Yes No Rt ____ Lt ____ How Long _____
 Skin changes/thickening? Yes No Rt ____ Lt ____ If Yes, describe: _____
 Other problems/concerns? Yes No Rt ____ Lt ____ Explain _____
 Personal history of diabetes: Yes No
 Are you taking hormones/estrogen? Yes No Started _____ Stopped _____
 Please list any medication you are currently taking: _____
 Please state any known drug allergies: _____
 Do you currently smoke? Yes No If Yes, how much and for how long? _____
 Are you a former smoker? Yes No If Yes, for how long and when did you quit? _____
 Any family history of cancer? Yes No If Yes, who, type and age of diagnosis? _____
 Breast: _____
 Ovarian: _____
 Other: _____
 Personal history of any cancer? Yes No If Yes, indicate type and age of diagnosis: _____

 Date of last pap smear: _____
 Date of last colonoscopy? _____ Results? _____
 Flu shot? _____ Last Date: _____

I understand that early detection of breast cancer is a 3 part process: mammography, self breast exam, and annual physical breast exam by my healthcare provider.

Patient's Signature: _____ Date: _____



Technologist: Make note and chart all masses, moles, and scars.

Technologist Signature: _____ Date: _____