



MAMMOGRAPHY INFORMATION SHEET

Last name: _____ First: _____
 Street address: _____ City: _____ State: _____
 Zip Code: _____ Birth Date: _____ Age: _____ Ethnicity: _____
 Home phone: _____ Cell/Other phone: _____
 Referring Physician: _____

Email address: _____

Personal Risk Factors, check/specify those that apply:

- _____ Personal history of breast cancer - Age _____
- _____ Personal history of ovarian or endometrial cancer - Age _____
- _____ Personal history of other cancers _____ - Age _____
- _____ Previous chest radiation - Age _____

Family History of breast, ovarian, colon, or endometrial cancer, circle/specify those that apply:

- _____ None that I am aware of
- _____ Mother, Sister, Daughter- _____ Age _____ Maternal _____ Paternal _____
- _____ Aunt, Grandmother, Cousin- _____ Age _____ Maternal _____ Paternal _____
- _____ Male Breast Cancer - _____ Age _____ Maternal _____ Paternal _____

Insert age where appropriate:

- _____ Age at 1st menstruation _____ Age at Menopause _____
- _____ Number of Live Births _____ Age of Hysterectomy _____
- _____ Age of first full-term pregnancy _____ Ovaries Removed ____LT ____RT

Birth Control Pills	Age of 1 st use _____	Age of Last used: _____
Estrogen	Age of 1 st use _____	Age of Last used: _____
Progesterone	Age of 1 st use _____	Age of Last used: _____
Tamoxifen	Age of 1 st use _____	Age of Last used: _____

Prior breast procedures - please check where indicated, insert age & circle L=left, R=right, B=both

Biopsy	_____ R L B	Cyst Aspiration	_____ R L B	Ultrasound	_____ R L B
Lumpectomy	_____ R L B	Mastectomy	_____ R L B	Reduction	_____ R L B
Implants	_____ R L B	___Saline ___Silicone	Pectoral Muscle	___Behind ___ In Front	

Symptoms/Reason for today's visit:

- _____ None/Yearly Exam
- _____ Lump -How long has it been there? _____ R L B
- _____ Pain -How long? _____ R L B
- _____ Nipple Discharge -How long? _____ R L B
- _____ Other (explain) -How long? _____ R L B

LOCATION AND DATE OF LAST MAMMOGRAM: _____

Patient Signature: _____ **Today's Date:** _____

PLEASE DO NOT WRITE BELOW THIS LINE

Technologist signature: _____ **5 YR Risk Percentage** _____