

COLUMBIA-PRESBYTERIAN EASTSIDE RADIOLOGY BREAST IMAGING HISTORY FORM

NAME _____ DATE _____

DATE OF BIRTH _____ AGE _____ PHYSICIAN(S) _____

DAY PHONE _____ EVENING PHONE _____

E-MAIL _____ YOUR ADDRESS _____

Could you be pregnant? Yes No *Inform the technologist if you are or think you are pregnant.*

How do you prefer to be contacted, if it should be necessary? _____

Have you had a breast exam by a doctor, nurse, or PA within the past 12 months? Yes No

Have you had a mammogram before? Yes No When? _____ Where? _____

Please circle ROUTINE or RIGHT (R) or LEFT (L)

BREAST HISTORY - Have you ever had

Reason for today's mammogram:

ROUTINE

I feel a lump. R L

I feel a thickening. R L

My doctor feels something. R L

Nipple discharge. R L

New nipple change. R L

Pain R L

Follow something on prior R L

() breast cancer R L date _____

() breast biopsy R L date _____
result _____

() cyst aspiration R L date _____

() cyst removed R L date _____

() breast reduction R L date _____

() abscess treated R L date _____

() breast implant R L date _____

Last menstrual period _____ If you have stopped having periods, at what age did they stop? _____

Have you had your ovaries removed? YES NO YEAR _____

Have you had ovarian carcinoma? Yes No

HORMONE USE

Have you ever used female hormones (including vaginal creams, suppositories, or patches) such as estrogen? YES NO

If you have, between what ages? _____ to _____ Are you presently using them? YES NO

FAMILY HISTORY (Please circle and indicate age at which breast cancer was diagnosed)

Who has had breast cancer? No one Mother _____ Sister _____ Maternal aunt/grandmother _____ Daughter _____

Who has had ovarian carcinoma? No one Mother _____ Sister _____ Maternal aunt/grandmother _____ Daughter _____

BREAST CANCER TREATMENT (Please circle)

Have you had a mastectomy or lumpectomy? YES NO If so, which side? RIGHT LEFT

Have you ever had radiation therapy to your breasts? YES NO If yes, when? _____

Have you ever had chemotherapy for breast cancer? YES NO If yes, when? _____

TECHNOLOGIST COMMENTS:

TECHNOLOGIST USE ONLY:

SCARS AND SKIN LESIONS

