



Summit Diagnostic Imaging

Mammogram History Sheet

Date: ____/____/____

Name: _____ Date of Birth: ____/____/____ Age: ____
Last First/Middle

Physician: _____

List names of all doctors that you want to receive a copy of your report.

- | | | | |
|----|--|--------------|-------------|
| 1. | Do you have any NEW symptoms such as a mass or hard knot in your breast? | YES | NO |
| | Bloody nipple discharge? | YES | NO |
| | Skin or nipple indentation? | YES | NO |
| | Pain? | YES | NO |
| | If yes, describe _____ | | |
| 2. | Did your Doctor feel something? | YES | NO |
| | Where? _____ | | |
| 3. | Have you had breast cancer? | YES | NO |
| 4. | Do you have implants or have you had a breast reduction? | YES | NO |
| 5. | Are you under age 35? | YES | NO |
| 6. | Have you had a mammogram in the past 6 months? | YES | NO |
| | a. Have you had previous mammograms? | YES | NO |
| | | Where? _____ | When? _____ |
| | b. Have you had a breast MRI? | YES | NO |
| | | Where? _____ | When? _____ |
| 7. | Could you be pregnant? | YES | NO |
| 8. | Are you taking hormones? | YES | NO |
| | If so, how long? _____ | | |

BREAST CANCER RISK ASSESSMENT

- | | | |
|-----|--|--------|
| 9. | At what age did you have your first period? | _____ |
| 10. | At what age did you give birth to your first child? | _____ |
| 11. | Ethnicity: Asian Black Hispanic White Other | _____ |
| 12. | Do you have a family history of breast cancer? | YES NO |
| | Immediate family (circle: mother, sister, daughter)? | YES NO |
| | If yes, age at the time of diagnosis? | _____ |
| 13. | Have you had any breast biopsies? | _____ |
| | If yes, Left Right How many biopsies? | _____ |
| | Were any of these atypical hyperplasia? | YES NO |
| 14. | Are you taking Tamoxifen? | YES NO |
| 15. | Have you had a breast biopsy showing LCIS (lobular carcinoma in situ)? | YES NO |
| 16. | Have you used birth control pills? | YES NO |
| | If yes, at what age did you start? _____ At what age did you stop? _____ | |
| 17. | Do you drink alcoholic beverages? | YES NO |
| | If yes, how many drinks per day? _____ | |

PATIENT SIGNATURE _____ **DATE** ____/____/____

*****FOR OFFICE USE ONLY*****

Lifetime Risk (to Age 90) _____%

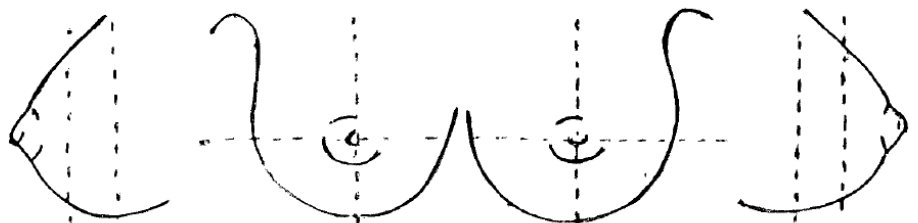
Breast Density:

1-24% 50-74%

25-49% 75-100%

DIAGNOSTIC EXAMINATION

Note: Technologist mark scars, Moles, or if nipple inverted or everted.



TECHNOLOGIST SIGNATURE _____