

Breast Imaging History Form

DATE: _____

DOB: _____ / AGE: _____

PATIENT #: _____

SEX: F / M

PATIENT NAME: _____

EXAM HISTORY

Is this your first Mammogram? N / Y

Reason for today's exam: Screening (no current problems) Diagnostic (new problem or follow up)

Explain: _____

Where and when was your last *Mammogram*? SJRA Other: _____ Date: _____

Where and when was your last *Breast Ultrasound*? SJRA Other: _____ Date: _____

Where and when was your last *Breast MRI*? SJRA Other: _____ Date: _____

When was the last time you had a breast examination performed by a doctor? _____

CURRENT SYMPTOMS

Are you having any problem with your breasts? N / Y

	Which Breast	Duration
<input type="checkbox"/> Lump	<input type="checkbox"/> R / <input type="checkbox"/> L	_____
<input type="checkbox"/> Tenderness	<input type="checkbox"/> R / <input type="checkbox"/> L	_____
<input type="checkbox"/> Discharge (clear, bloody, milky)	<input type="checkbox"/> R / <input type="checkbox"/> L	_____
<input type="checkbox"/> Skin (changes/itching)	<input type="checkbox"/> R / <input type="checkbox"/> L	_____
<input type="checkbox"/> Nipple Inversion	<input type="checkbox"/> R / <input type="checkbox"/> L	_____
<input type="checkbox"/> Thickening	<input type="checkbox"/> R / <input type="checkbox"/> L	_____

Please describe any other symptoms you may be experiencing: _____

HISTORY OF CANCER

Do you have a family history of breast cancer? N / Y

Relation of family member (mother, grandmother, etc) _____

What age was he / she diagnosed? _____

Have you been diagnosed with **BREAST** Cancer? N / Y

Type: _____ Date: _____

Specify breast: R / L

Did you undergo treatment? N / Y

Lumpectomy Radiation Mastectomy Chemotherapy

Hormone Therapy Type: _____

Have you been diagnosed with **ANY** type of cancer? N / Y

Type: _____ Date: _____

BREAST HEALTH HISTORY

Have you had implant surgery? N / Y

Silicone Saline Date(s)? _____

Have you had your breast cancer risk assessed? N / Y

Results: _____

Have you had a trauma to the breast (causing black or blue marks)? N / Y

R / L Date: _____

Have you had any breast procedures or breast surgery? N / Y

Please list any surgical biopsies, core biopsies, aspirations, breast reduction surgeries, etc. INCLUDE RESULTS:

RIGHT BREAST		LEFT BREAST	
Date: _____	Type: _____	Date: _____	Type: _____
Date: _____	Type: _____	Date: _____	Type: _____
Date: _____	Type: _____	Date: _____	Type: _____

HORMONE HISTORY (FEMALE ONLY)

Have you taken hormone replacement therapy? N / Y

Duration: _____ to _____

Are you: Premenopausal Perimenopausal Postmenopausal **Last menstrual period:** _____

Have you ever been pregnant? N / Y

How many times? _____ How many live births? _____ Age at first birth? _____

Are you currently pregnant or trying to get pregnant? N / Y

Have you breast fed in the last 3 months? N / Y

Have you had a hysterectomy (removal of uterus)? N / Y

Have you had an oophorectomy (removal of ovaries)? One Both N / Y

Has your weight changed since your last mammogram? N / Y

Specify: Gain Loss Amount: _____

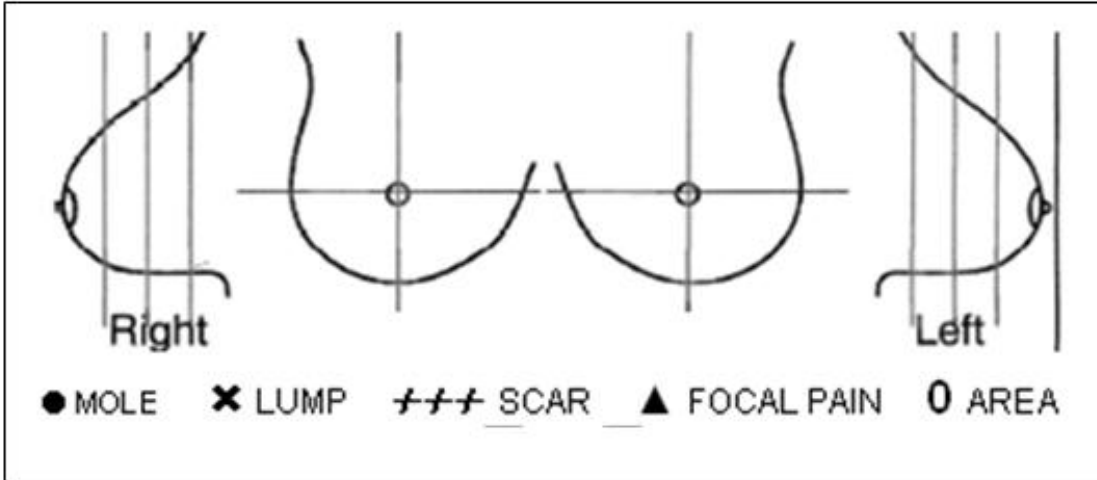
Tech Signature: _____

Patient Signature: **X** _____

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TECHNOLOGIST COMMENTS:

REASON FOR ADD VIEWS: _____

BREAST SIZE DISCREPANCY: N / Y _____

TECHNOLOGIST SIGNATURE _____



SOUTH JERSEY RADIOLOGY ASSOCIATES, P.A.

Date: _____

Dear Patient;

We are frequently asked by Women concerned about their personal risk of breast cancer if they should have a Breast MRI in addition to an annual Mammogram.

The answer depends on your lifetime risk of developing breast cancer. If you are interested in taking a quick risk assessment to determine your estimated risk, go to the National Cancer Institute web site at www.cancer.gov/bcrisktool.

Once on the website, read the instructions and answer a few simple questions. The site will calculate your estimated risk of cancer. You should focus on the lifetime risk of breast cancer, not the short- term risk.

If your lifetime risk is greater than 15 %, print out the result and bring it to your physician. You and your doctor should discuss the possibility of having a breast MRI if your estimated lifetime risk is 15 to 20%. The American Cancer Society guidelines suggest you have a breast MRI if your estimated lifetime risk is 20% or greater.

A consultation with a genetic counselor may be beneficial if your lifetime risk is greater than 15%.

Your Breast Health Partners

The Women's Imagers of SJRA