



Mammogram Patient Information

Name _____ DOB _____ Age _____

Date _____ Referring Doctor _____

Have you had a mammogram before? Yes No

Date _____ Location: BLR(here) Other _____

Reason for Today's Mammogram:

- Routine Screening—I have no complaints
- Diagnostic—Evaluation of a breast problem or abnormality
- Follow-up previous mammogram

Current Issues

- Lump/thickening felt by me or doctor R L _____
- Breast Pain R L _____
- Nipple discharge R L _____
- Skin or nipple abnormality R L _____
- Follow-up previous mammogram R L _____
- Other _____ R L _____

Gyne History

Any chance of being pregnant? No Yes (If yes, inform your tech immediately!)
 Last period _____ Age of your 1st period _____ Menopause....year _____
 Hysterectomy....year _____ Ovaries removed....year _____
 Do you have children? #children _____ Year 1st child born _____

Breast History

- Breast Biopsy R L Year _____ Results _____
- Lumpectomy R L Year _____ Reason _____
- Mastectomy R L Year _____ Reason _____
- Implants R L Year _____
- Breast Cancer R L Year _____ Type _____
- Other Cancer Year _____ Type _____
- Currently Using Hormones Type _____ How many years _____
- Family History of Breast Cancer (list relative and age of diagnosis)

Tech Comments

Tech Signature _____ Date _____

