EMORY HEALTHCARE

Breast Imaging Service

(Staff use only)

Xray number

Name: _____ Age: _____ Date of Birth: _____

Home Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Today's Date: _____

Previous Mammograms: ❑ No ❑ Yes If yes, when? _____

Where? _____

Are you pregnant? ❑ Yes ❑ No

Date of last menstral cycle? _____

Ethnic Origin: ❑ Caucasian ❑ African American ❑ Hispanic
❑ American/Native Indian ❑ Asian or Pacific Islander ❑ Other

What is the REASON you are having a breast imaging exam (please select one)?

❑ This is a routine (screening) exam. I am not having any breast problems.
❑ This is an additional exam requested from my current screening exam.
❑ This is an additional exam requested from a recent study.
❑ This is a short interval follow-up requested from my last exam (1-11 months ago).
❑ I have breast implants, but I am not having any problems.
❑ This is a review of an outside study.
❑ I am going to have breast reduction.
❑ I am going to have radiation therapy.
❑ I have a personal history of breast cancer with breast conservation therapy.
❑ I am having the following **PROBLEM(S):** (Circle **R** for Right or **L** for Left)

R	L	A new lump that can be felt	R	L	Previous lump or thickening finding
R	L	Bloody discharge	R	L	Nipple problem
R	L	Non-bloody discharge (old or new finding)	R	L	Pain in the breast
R	L	Difficult physical examination	R	L	Cancer elsewhere
R	L	Implant problem	R	L	Large nodes under my arm
R	L	Skin thickening or retraction noted during my clinical breast examination			

Check all of the following RISK FACTORS that are true for you:

❑ No one in my family has had breast cancer.
❑ My aunt had breast cancer. Age when diagnosed _____ Was she still having a period? ❑ No ❑ Yes
❑ My grandmother had breast cancer. Age when diagnosed _____ Was she still having a period? ❑ No ❑ Yes
❑ My cousin had breast cancer. Age when diagnosed _____ Was she still having a period? ❑ No ❑ Yes
❑ My mother had breast cancer. Age when diagnosed _____ Was she still having a period? ❑ No ❑ Yes
❑ My sister had breast cancer. Age when diagnosed _____ Was she still having a period? ❑ No ❑ Yes
❑ I do not know my family breast cancer history.
❑ I have had breast cancer.
❑ I have had endometrial cancer.
❑ I have had ovarian cancer.
❑ I have had a previous breast biopsy that showed a high risk lesion.
❑ I have been through menopause.
❑ I have never had children.
❑ I had my first child after age 30.

(continue on reverse)

Birth Control Pill	❑ No	❑ Yes	If yes, are you currently using? _____	How long have you used? _____
Depovera	❑ No	❑ Yes	If yes, are you currently using? _____	How long have you used? _____
Norplant	❑ No	❑ Yes	If yes, are you currently using? _____	How long have you used? _____
Estrogen	❑ No	❑ Yes	If yes, are you currently using? _____	How long have you used? _____
Progesterone	❑ No	❑ Yes	If yes, are you currently using? _____	How long have you used? _____
Tamoxifen	❑ No	❑ Yes	If yes, are you currently using? _____	How long have you used? _____

Enter your MENSTRUAL HISTORY:

Age when periods started _____
Age at first full term pregnancy _____
Age at natural menopause _____
Age at hysterectomy _____

Age at left ovary removal _____
Age at right ovary removal _____
Number of live births _____

Previous PROCEDURES? ❑ Yes ❑ No
(If Yes, circle **R** for Right or **L** for Left)

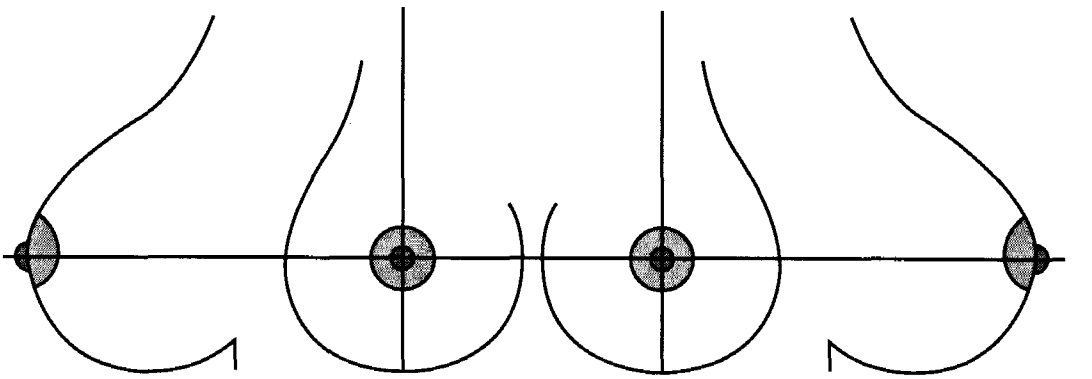
R	**L**	Cyst aspiration	Date: _____
R	**L**	Ultrasound core biopsy	Date: _____
R	**L**	Excisional biopsy (noncancerous)	Date: _____
R	**L**	Stereotactic biopsy	Date: _____
R	**L**	Lumpectomy for cancer	Date: _____
R	**L**	Mastectomy	Date: _____
R	**L**	Radiation therapy	Date: _____
R	**L**	Breast reduction	Date: _____
R	**L**	Implant removed	Date: _____

Do you have IMPLANTS? ❑ Yes ❑ No
(If Yes, circle **R** for Right or **L** for Left)

R	**L**	I don't know the specific type	Date: _____
R	**L**	Silicone gel implant	Date: _____
R	**L**	Saline implant	Date: _____
R	**L**	Combination implant	Date: _____
R	**L**	Pre-pectoral implant	Date: _____
R	**L**	Retro-pectoral implant	Date: _____

Have you ever received chemotherapy for any type of cancer? ❑ **Yes** ❑ **No**

For Office Use Only Below This Line



Technologist: _____

❑ Disinfectant of compression devices