

Breast Imaging History Sheet

Name: _____ Date of Exam: _____

Date of Birth: _____ Age: _____ Sex: _____

A mammogram is a test optimized to screen for breast cancer. While we obtain the images, you will need to undress from your waist up. A technologist will place your breast on a plastic plate on the mammogram unit. Another plate will firmly press your breast from above. The plates will flatten the breast while the image is being taken, and you will feel pressure at this time. This positioning will be repeated from a different angle to get a side view of the breast. The other breast will then be imaged the same way.

A breast ultrasound (sonogram) is a supplemental exam to assess for breast cancer using sound waves. This test requires our technologists to place a hand-held probe directly on the breast to obtain images. As the probe is moved along the breast surface to obtain images, some degree of pressure must be exerted to obtain high quality images. Please inform the technologist if the pressure feels too uncomfortable.

Our policy is to offer medical chaperones to patients who would feel more comfortable having one present during these exams.

Please inform us if it is your preference to have a chaperone in the room during your exam.

I acknowledge

1. **Do you have any new symptoms since your last breast imaging study, or current symptoms or changes of concern to you?** Yes No

If yes, do you have any of the following? Lumps Pain Discharge Skin Changes Other None

When did these symptoms begin? _____

If other, please specify (include date symptoms began) _____

2. **When did a physician, PA or nurse last perform a physical exam of your breast (month and year)** _____

3. **Sex assigned at birth:**

Female Male Unknown Not Recorded on Birth Certificate Choose Not to Disclose

Uncertain Intersex

4. **What is your gender identity?**

Female Male Transgender Female Transgender Male Other Choose Not to Disclose

Gender non-conforming Nonbinary

5. **Any significant weight loss?** _____

6. **What is your ethnicity?** _____

7. **Is this your first mammogram?** Yes No

8. **Is there any possibility that you are pregnant?** Yes No

9. **What is your gynecological history?**

Premenopausal Perimenopausal Postmenopausal

When was your last menstrual cycle? _____ Menopause at Age? _____

10. **How old were you when you had your first period?** _____

11. Please select all breast surgeries that you have had:

Lumpectomy Mastectomy Implants Reduction Other _____ None

12. Have you previously had any of the following cancers?

Breast Ovarian Other _____ None

Have you had treatment for breast cancer? Yes No

If yes, please select all that apply: Chemotherapy Radiation Surgery

Year of diagnosis: _____

13. Have you been tested for any of the following cancer genes?

Select all that apply: BRCA 1 BRCA 2 Positive for Other Mutation

None Please specify the outcome _____

14. Any previous breast biopsies? Yes No

15. Any family history of cancer? Yes No

If yes, any family history of breast or ovarian cancer? Yes No

Please complete this section only if your family member(s) had/have a history of breast or ovarian cancer.

Relation to patient: _____ Maternal Paternal

What type of cancer: _____ Age: _____

Genetically tested for: _____ Test Results: _____

Relation to patient: _____ Maternal Paternal

What type of cancer: _____ Age: _____

Genetically tested for: _____ Test Results: _____

Relation to patient: _____ Maternal Paternal

What type of cancer: _____ Age: _____

Genetically tested for: _____ Test Results: _____

16. Previous chest radiation therapy unrelated to breast cancer at age: _____

17. Previous chemotherapy at age: _____

18. Have you ever used or are you currently using any of the following hormones? Select all that apply:

Hormonal contraceptive Progesterone Raloxifene Estrogen Tamoxifen Unspecified

None

If you used or currently using any of the hormones indicated, please specify:

Age of First Use: _____ Age of Last Use: _____ Duration of Usage: _____ Intended Duration: _____

Patient:

Please sign above