Adventist HealthCare Imaging

THE GEORGE WASHINGTON UNIVERSITY MEDICAL FACULTY ASSOCIATES MFA

Breast Imaging Patient Form

Patient Name: _____ Date: _____

Address: _____

DOB: _____ MRN: _____ Home Phone: _____

Work Phone: _____ Cell phone: _____

Referring M.D.: _____

What is the reason you are having a breast imaging exam? _____

Have you had a mammogram before? ❑ Yes ❑ No If yes, Where? _____ Date? _____

How did you hear about us? ❒ Return patient ❒ Family / Friend ❒ Primary Doctor ❒ Newspaper ❒ Radio ❒ Billboard

Are you Ashkenazi Jewish? ❒ Yes ❒ No
Women of Ashkenazi Jewish descent have a higher risk of developing breast cancer

Are you or could you be pregnant? ❒ Yes ❒ No

Last menstrual period _____

Age your period began? _____

Age at menopause _____

Number of pregnancies _____

Number of children you gave birth to? _____

Age at first full term pregnancy _____

Did you breast feed? ❒ Yes ❒ No

Your Height: _____

Your Weight: _____

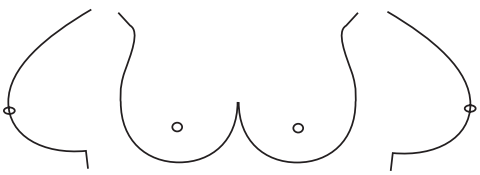
IMPLANTS ❒ Yes ❒ No

If you indicated you have implants, please answer the following.

❒ Silicone ❒ Saline ❒ Left
❒ Prepectoral ❒ Retropectoral ❒ Right
❒ Both

Month/Year _____

TECHNOLOGIST USE ONLY



1) Have you ever had a hysterectomy or your ovaries removed?
❒ Yes If yes, what age or year? _____ ❒ No

2) Have you ever had breast surgery?
Mastectomy, lumpectomy, biopsy, cyst aspiration, or reduction for example.

_____

LEFT or RIGHT Age or year: _____

3) Have you ever used contraceptives? What kind? When? How long?
Oral, Depo Provera, Nuva Ring, Norplant, or the patch for example.

_____

4) Have you ever taken hormones?
Estrogen, Premarin, Provera,Tamoxifen, Arimidex, Femara, Maegace, Lupron

_____

Are you currently using? ❒Yes ❒ No

5) Have you ever had chemo or radiation therapy? What kind? When?

_____

6) Have you ever had breast cancer or a high risk diagnosis such as:
Lobular carcinoma in situ, Aypical lobular hyperplasia or Atypical ductal hyperplasia

_____

LEFT or RIGHT Age or year: _____

7) Have you had any other cancer? ❒ Yes ❒ No
If yes, what kind? _____
Age or year: _____

8) Family history of breast cancer? ❒ Yes ❒ No

_____

9) Family history of breast cancer? ❒ Yes ❒ No

_____