Mammography History Form to be filled out by the patient

COUNTY HOSPITAL

Where and When? YESNO If no, why?	Note: If there is deodorant or powder on your breast or on your underarm technologist for help if you need it.	ns, please	wash it off t	pefore you have the mammogra	m. Ask the	
Address: Last 4 digits of SSN: Referring M.D.: Today's Date:	Name:	_Date of I	Birth:	Ag	Age:	
Have you had a mammogram before? NOYESWhere and When?				-		
Where and When? YESNO If no, why?	Referring M.D.:		Today'	s Date:		
2. Is this mammogram routine? If no, why? (? hump, discharge, retraction, thickening, pain, follow-up for calcifications, follow-up for densities) 3. Have YOU or anyone in YOUR FAMILY had breast cancer? NOYES	Have you had a mammogram before?	NO	_ YES	_		
If no, why? (? lump, discharge, retraction, thickening, pain, follow-up for calcifications, follow-up for densities) 3. Have YOU or anyone in YOUR FAMILY had breast cancer? NOYES		Where a	and When? _			
(? lump, discharge, retraction, thickening, pain, follow-up for elacifications, follow-up for densities) 3. Have YOU or anyone in YOUR FAMILY had breast cancer? NOYES	2. Is this mammogram routine?	YES	NO	_		
B. Have YOU or anyone in YOUR FAMILY had breast cancer? NOYES	•					
IF YES: AT WHAT AGE WAS IT FOUND? Myself My	(? lump, discharge, retraction, thickening, pain, follow-up for calcification		-	·		
Mother Mother Sister Daugher, Other Mother Sister Daugher, Other Mother Sister Daugher, Other Mother Mother Sister Daugher, Other Mother Mothe	3. Have YOU or anyone in YOUR FAMILY had breast cancer?					
Mother Sister Daugher, Other		IF YES:	AT WHAT A			
Sister Daugher, Other				•		
Daugher, Other						
A. Have you had a child? NOYES YOUR AGE WHEN YOUR FIRST CHILD WAS BORN: 5. Do you, or have you used hormones? (Estrogen, Premarin, Provera, Tamoxifen) NOYES Which type? How long? Still using?Stopped when? Still using?Stopped when? Still using?Stopped when? 6. Have you breast-fed within the past 3 months? NOYES 8. Have you had a weight change of more than 10 pounds in the past year? NOYES 8. Have you ever had trauma to your breast to cause black and blue marks? NOYES 1. Hereby authorize Caldwell County Hospital to obtain or release mammogram films and collect medical information from my physician, clinic hospital concerning breast disease. I understand that such information will be kept strictly confidential and will not be used for purposes other the scientific analysis and reporting. Furthermore, I understand that any follow-up care I may require is my responsibility. Signature Date S D R L U to be filled out by the technologist Pregnant? Nipples: inverted? discharge? How long? Nipples: inverted? discharge? How long? Which? Nipples: inverted? discharge? How long? History of prior breast surgery or aspiration (reason, place, date): Reasons for added view: Comments: Radiologist: Radiologist: Radiologist:						
Have you had a child? NOYES						
YOUR AGE WHEN YOUR FIRST CHILD WAS BORN:	4. There was had a altitude	NO				
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Which type? How long? Still using? Stopped when? NOYES	5. Do you, of have you used normones? (Estrogen, Fremarm, Provera, Tamo		VES			
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6. Have you breast-fed within the past 3 months? 7. Have you had a weight change of more than 10 pounds in the past year? 8. Have you ever had trauma to your breast to cause black and blue marks? 8. Have you ever had trauma to your breast to cause black and blue marks? 8. Have you ever had trauma to your breast to cause black and blue marks? 8. Have you ever had trauma to your breast to cause black and blue marks? 8. Have you ever had trauma to your breast to cause black and blue marks? 8. NOYES	3	_		k .		
7. Have you had a weight change of more than 10 pounds in the past year? NOYES	6. Have you breast-fed within the past 3 months?					
S. Have you ever had trauma to your breast to cause black and blue marks? NOYES						
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Pregnant? Check: Breast surface (including medial, inferior) Nipples: inverted? discharge? How long? Breast size discrepancy: Which? Last clinical breast palpation: When? History of prior breast surgery or aspiration (reason, place, date): Reasons for added view: Comments: Tech Signature: Radiologist:	hospital concerning breast disease. I understand that such information will be a scientific analysis and reporting. Furthermore, I understand that any follow-up	kept strictly	y confidential y require is r	and will not be used for purpose		
Pregnant?			****			
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Last clinical breast palpation: When? PAIN History of prior breast surgery or aspiration (reason, place, date): Reasons for added view: Comments: Radiologist: Radiologist: Radiologist:	Breast size discrepancy: Which?	_ / _			▲ FOCA	
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Comments:	Reasons for added view:					
Tech Signature:Radiologist:						
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	Unit was disinfected per protocol?					