Margaret W. Niedland Breast Center

Mammography Data

Name:_____

Date: _____

What type of mammogram are you having today?____Screening ____Diagnostic

Is this your first mammogram? ____Yes ____No

When was your last mammogram? _____Where: _____

Last Menstrual Period: _____ Is there any chance you are pregnant? ____Yes ____No

Are you having any of the following PROBLEMS? Check all that apply and circle the side affected

___A new lump that can be felt R L

___Pain in the breast that you can point to (**not** generalized pain) R L

___Inverted nipple(s) R L
- ___new
- ___alway had it

___Nipple discharge R L
Color of discharge: _____

___Skin changes on the breast
- Dimpling R L
- Redness R L
- Rash R L

If you have a rash, have you been diagnosed with shingles in the last 4 weeks? ___Yes ___No

General History

Height: _____ Weight: _____ Age you started your periods: _____

# of Pregnancies: _____ # of Births: _____ Age at first birth: _____

Are you menopausal? ___Yes ___No Age you stopped your period: _____

Have you ever taken Hormone Replacement Therapy and/or Birth Control Pills: ____Yes ____No

Currently using hormones? ___Yes ___No If stopped how long ago: _____
Total length of use: _____

Please indicate your ancestry:

___Ashkenazi Jewish Decent
___Asian, please circle your subgroup (Chinese, Japanese, Filipino, Hawaiian, Asian-American, Pacific Islander)
___African American
___Caucasian
___Hispanic
___Native American
___Alaskan Native

Check all that apply to you

____I have had a personal history of breast cancer Year diagnosed: _____
____I have had ovarian cancer
____I have had another type of cancer Please note which type: _____
____My mother, sister, daughter, grandmother, aunt or cousin had breast cancer (circle those that apply)
Note age at diagnosis: _____
____My mother, sister, daughter, grandmother, aunt or cousin had ovarian cancer (circle those that apply)
Note age at diagnosis: _____
____My mother, sister, daughter, grandmother, aunt or cousin had another type of cancer (circle those that apply)
Note type of cancer and age at diagnosis for each: _____
_____
____My father, brother, son, grandfather, uncle, cousin had breast cancer (circle those that apply)
____My father, brother, son, grandfather, uncle, cousin had another type of cancer (circle those that apply)
Note the type of cancer of each: _____
____I had genetic testing for BRCA 1 ___Yes ___No
Result: ___positive (abnormal) ___negative (normal)
____I had genetic testing for BRCA2 ___Yes ___No
Result: ___positive (abnormal) ___negative (normal)
____I have had my ovaries removed R L Both Date of Surgery: _____

Breast Surgical History (Check all that apply)

Breast Cyst Aspiration: R L Date/Result: _____

Stereotactic Core Biopsy: R L Date/Result: _____

Ultrasound Core Biopsy: R L Date/Result: _____

Surgical Biopsy: R L Date/Result: _____

Lumpectomy (for cancer): R L Date: _____

Mastectomy: R L Date: _____

Breast Reconstruction: R L Date: _____

Breast Reduction/Lift: Date: _____

Breast Implant Surgery: Date: _____

If yes, type of Implant: ___Silicone ___Saline

Any implant problems? ___Yes ___No If yes, describe problem_____

Breast Implant Removal: Date: _____

Treatments

____Radiation Therapy

____Intravenous Chemotherapy

____Oral Chemotherapy Tamoxifen Evista Femara Arimidex Other: _____

Comments:

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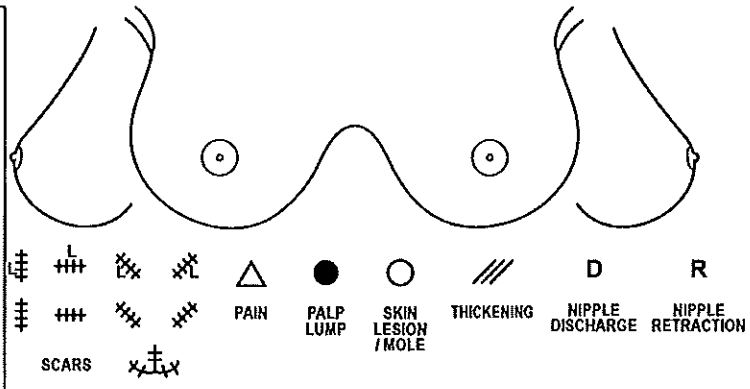

Patient Signature: _____ Tech Signature: _____