

SCHONHOLZ and DROSSMAN, LLP

MAMMOGRAPHY/BREAST SONOGRAPHY QUESTIONNAIRE

KINDLY COMPLETE QUESTIONS 1-12 PLEASE PRINT CLEARLY DATE: \_\_\_\_\_

1. Name: \_\_\_\_\_ Last First MI

2. Age: \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_ 4. If applicable, first day of last menstrual period: \_\_\_\_\_

5. PLEASE CIRCLE WHICH FAMILY MEMBER (IF APPLICABLE)

Has your mother, sister, daughter, grandmother, maternal aunt and paternal aunt had cancer of the breast?

Yes \_\_\_\_\_ at what age? \_\_\_\_\_ No \_\_\_\_\_ BRCA STATUS: \_\_\_\_\_

6. Is this your first mammogram . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

6b. If your last mammogram was performed at a different facility: When \_\_\_\_\_

Where: \_\_\_\_\_ Did you bring the corresponding images and records? Yes \_\_\_\_ No \_\_\_\_

7. Have you ever had breast surgery? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

Type (Please circle) Aspiration, Biopsy, Reduction, Implants, Lumpectomy, Mastectomy, Radiation Therapy

When: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

8. Age at birth of first child: \_\_\_\_\_

9. Are you experiencing any problems with your breasts now? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Lump \_\_\_\_\_ Which side \_\_\_\_\_

Discharge \_\_\_\_\_ Which side \_\_\_\_\_

Pain/Tenderness \_\_\_\_\_ Which side \_\_\_\_\_

10. Have you had a manual/physical breast exam performed by a physician in the last year? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_ When: \_\_\_\_\_

11. Are you taking any hormones or oral contraceptives at this time? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state type: \_\_\_\_\_ For how long: \_\_\_\_\_

12. Name of your referring physician: \_\_\_\_\_

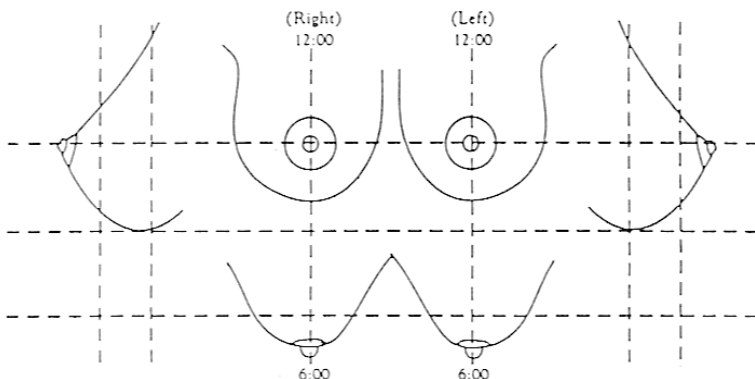
Patient acknowledges above information is correct PATIENT'S SIGNATURE: \_\_\_\_\_

..... FOR OFFICE USE ONLY ..... DO NOT WRITE BELOW THIS LINE .....

Technologist: Please indicate breast changes on diagram, e.g. lumps, scars, skin changes, moles, nipple retraction, etc.

COMMENTS: \_\_\_\_\_

Radiologist's Name: \_\_\_\_\_, MD Technologist's Name: \_\_\_\_\_



Examination Room

(please circle one)

7 8

DRESSING ROOM: \_\_\_\_\_