

# Tower Radiology Centers

## Mammography/Breast Ultrasound Questionnaire

Date: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Date of last menstrual cycle (period): \_\_\_\_\_

Have you ever had a mammogram? Yes No If yes, Date: \_\_\_\_\_ Where: \_\_\_\_\_  
 Have you ever had a breast ultrasound? Yes No If yes, Date: \_\_\_\_\_ Where: \_\_\_\_\_  
 Have you ever had a breast MRI? Yes No If yes, Date: \_\_\_\_\_ Where: \_\_\_\_\_

Were any of the results abnormal? Yes No If yes, please explain: \_\_\_\_\_

Have you ever had breast surgery? Yes No If yes, which side? Right Left Date: \_\_\_\_\_  
 Have you ever had a needle biopsy? Yes No If yes, which side? Right Left Date: \_\_\_\_\_

Are you pregnant? Yes No Unsure  
 Are you breast feeding? Yes No

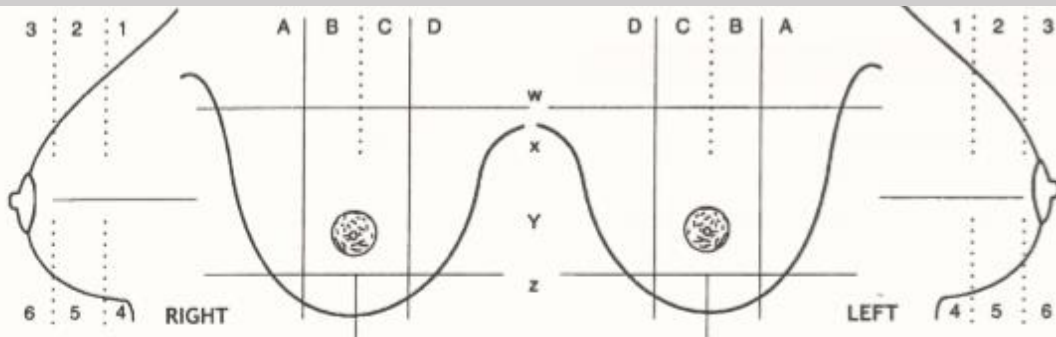
When were your breasts last examined by a physician? Date: \_\_\_\_\_  
 Do you have a new lump? Yes No If yes, which side? Right Left  
 Any nipple discharge? Yes No If yes, which side? Right Left  
     Is it bloody? Yes No  
 Recent nipple inversion (turning inward)? Yes No If yes, which side? Right Left  
 Pain? Yes No If yes, which side? Right Left  
     Duration: \_\_\_\_\_  
 Are you taking hormones? Yes No If yes, how long? \_\_\_\_\_

### RISK FACTORS

Do you have breast implants? Yes No If yes, which side? Right Left Both  
 Have you ever had breast cancer? Yes No If yes, which side? Right Left  
     If yes, did you have surgery? Yes No If yes, please circle: Mastectomy Lumpectomy  
     If yes, did you have radiation? Yes No  
 Family history of breast cancer? Yes No Who? \_\_\_\_\_ What age? \_\_\_\_\_

**If any questions below are answered "yes", genetic testing is recommended.**

Has a family member been diagnosed with breast cancer younger than 50? Yes No  
 Has a family member been diagnosed with **two** breast cancers? Yes No  
 Has a family member been diagnosed with **ovarian** cancer? Yes No  
 Has a family member been diagnosed with BRCA (breast cancer) gene mutation? Yes No  
 Has a **male** family member been diagnosed with breast cancer? Yes No



## Mammography Information

Mammography has been found to be an effective tool in detecting breast abnormalities; however:

1. Not all breast cancers are found by mammography.
2. It is important that I continue monthly Breast Self-Examination according to the American Cancer Society guidelines.
3. A mammogram is a diagnostic tool which is only one part of a complete breast examination.
4. A visit to my physician for a physical examination of my breasts is an important part of my routine breast check-up.
5. Not all leaks and ruptures of breast implants can be detected by mammography.
6. There is a very slight risk of rupture or mechanical alteration of the implant mammography.
7. Implants hide part of the breast tissue, so some cancers may not be seen.
8. The results of my mammogram will be sent to my physician. Any previous mammograms which I provide to the imaging center may be used for comparison purposes.
9. It is my responsibility to contact my physician and discuss the results and interpretation of my mammogram and to complete my breast examination.

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*Signature of Patient or Legally Authorized Representative*

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*Date*