medical imaging

Diagnostic Radiologists
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PATIENT DETAILS

Date:	Name:	Age:	Height:	Weight:

First period at age? | First pregnancy at age? | Longest period of breastfeeding? (months)

Menopause? Yes ☐ No ☐ At age? | Hormone Replacement Therapy? Yes ☐ No ☐ For how long?

CURRENT MAMMOGRAM

Reason for Mammogram: Routine ☐ Symptomatic ☐

Complaints: Discomfort ☐ Pain ☐ Discharge ☐ Lump ☐ Thickening ☐ Nipple retraction ☐

Other:

PREVIOUS BREAST EXAMINATIONS

Mammo date: | Breast sonar date: | Breast MRI date:

Other (details & date):

OTHER BREAST RELATED PROCEDURES/INFORMATION

Fine Needle/Biopsy/Operations: Date:

Other (details): Date:

Genetic testing (results): Date:

FAMILY HISTORY OF BREAST OR OVARIAN CANCER

	Self	Mother	Sister(s)	Father's mother	Mother's mother	Father's sister(s)	Mother's sister(s)
Ovarian							
Breast							
Age at diagnosis							
One/both sides							

Indicate: Scars llllll Lumps O