



Date _____ MRN _____
Name _____ Date of Birth _____ Age _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Referring Physician _____ Phone _____
Previous Mammogram? Yes ___ No ___ If yes, when? _____
Where? _____

Previous Breast Surgery

Biopsy	RT LT	Date _____
Mastectomy	RT LT	Date _____
Lumpectomy	RT LT	Date _____
Implants	RT LT	Date _____
Reduction	RT LT	Date _____
Hysterectomy		Date _____

Age of first menstrual cycle ___ Age of first pregnancy ___ Age of menopause ___
Number of pregnancies ___ Number of births ___

Are you taking or have you ever taken hormones? Yes ___ No ___
If yes, what kind? _____

Is there a family history of breast cancer? Yes ___ No ___
Mother: At what age ___ Sister: At what age ___ Daughter: At what age ___
Maternal Grandmother: At what age ___ Maternal Aunts: At what age ___

What is the reason for this examination?
Checkup/Baseline ___ Lump: RT LT Pain: RT LT Discharge: RT LT

Tech Initials _____