

Bertrand Chaffee Hospital
MAMMOGRAPHY QUESTIONNAIRE

Date: _____ Tech: _____

Date of last mammogram _____

addressograph

Name _____

Is this a routine check-up mammogram? _____

If not, what is the current problem? _____

Date of most recent breast exam by a doctor, nurse, or PA _____

Date of last menstrual period, or year if none _____

How many children have you had? _____ Your age when first was born _____

Do you examine your own breasts? _____

Have you taken hormone replacement? Circle one: now previously never

Have you taken tamoxifen (Nolvadex)? Check one: now previously never

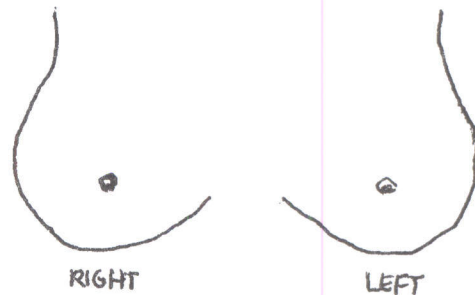
Did anyone in your family ever have breast cancer? _____ If yes, who and at what age was it first found?

If you have ever had a breast surgery or aspiration, please state what, which side, year done, and diagnosis. (Example: lump removed, left, 1988, benign cyst) _____

If you have had a mammogram before, where? _____

If under a different name, what name? _____

If you or your doctor feels anything in your breast such as a lump, painful area, thickening, or skin dimple, please mark X in that area on the diagram. If you have a scar, draw a line where it is. If you have a mole or other normal skin bump, please mark O on the picture. If you have leakage from your nipple, which side and what color? _____



BREAST CANCER PATIENTS ONLY:

Year of first diagnosis: _____ Side: _____ Type of surgery: _____

Did you have chemotherapy? _____ Did you have radiation therapy? _____

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DIRECTIONS FOR LOCALIZATION FOR NEEDLE, +VIEWS, ASPIRATION, US:

