

ACC#:	Site:	MRN:
Patient Name:	Date of Birth:	Gender:
		Exam Date:

Patient Information (to be filled out by patient):

Previous Last Name	Did your physician refer you for this mammogram? Yes / No
Have you ever had a mammogram? Yes / No If yes, where and when was it performed? _____	
Have you ever had breast surgery or other breast procedures? Yes / No If yes, please circle type and list dates:	
Type of Procedure	Which Breast?
Biopsy/Aspirations	Left or Right
Reduction/Lift	Left or Right
Augmentation (Implants)	Left or Right
Mastectomy	Left or Right
Lumpectomy (due to Cancer)	Left or Right
Radiation Therapy	Left or Right

Personal/Family History

Has your blood-related parent, sibling, or child ever had breast cancer? Yes / No

If yes, who was it and at what age was the diagnosis? _____

Have you ever had any type of cancer? Yes / No If yes, what type? _____

High Risk Factors

Yes / No Do you have a known breast related deleterious gene mutation, or do you have a first degree relative with a known gene mutation and have not been tested yourself (Ex. BRCA1/2, Peutz Jeghers, Cowden's)? If yes, explain further _____

Yes / No Have you received Radiation Therapy to your Chest due to Cancer before the age of 30?

Yes / No Have you had a breast biopsy with pathology results of Atypical Ductal Hyperplasia (ADH) or a Lobular Neoplasia (such as ALH or LCIS)? If yes, please explain _____

Current History

Any possibility you may be pregnant? Yes / No First day of last menstrual cycle? _____

Are you currently breastfeeding? Yes / No

Are you currently using hormones? Yes / No If yes, what type and for how long? _____

What is the reason for this examination? Please check the most appropriate blanks below:

- ☐ **Routine screening, (Well Woman)** I am not aware of any breast problems
- ☐ **Not routine, I have a**
- ☐ Breast lump
 - ☐ Nipple discharge and/or changes in nipple
 - ☐ Follow-up to recent mammo, breast sono, or breast MRI
 - ☐ Other

Please describe in more detail any areas checked above: _____
