BREAST IMAGING HISTORY

(Complete this form to the best of your ability.)

Name: ______________________________ Date of Birth: ______________
Last First Middle Initial

Exam Date: ______________________ Date of last breast exam in doctor's office: ______________

If menopausal, age menopause began: ____________

Have you had a previous mammogram? ☐No ☐Yes If yes, where & when: ______________________

Have you had a previous Breast MRI? ☐No ☐Yes If yes, where & when: ______________________

Have you taken hormones or birth control pills within 3 months? ☐No ☐Yes If yes, date started: ______________

Reason for this exam: ☐Routine check-up ☐Other

If other:	Right	Left
❑ Lump	☐	☐
❑ Pain	☐	☐
❑ Discharge	☐	☐
❑ Injury to breast (within six weeks)	☐	☐
❑ Other	☐	☐
Please explain:		

Previous breast procedure(s)	Right	Left	Year
❑ Implants	☐	☐	
❑ Breast Biopsy	☐	☐	
❑ Cyst Aspiration	☐	☐	
❑ Breast Reduction	☐	☐	

I have been diagnosed with Breast Cancer			☐No ☐Yes
If yes:	Right	Left	Year
❑ Mastectomy	☐	☐	
❑ Lumpectomy	☐	☐	
❑ Radiation Therapy?			☐No ☐Yes

Question								
1. What was your age at the time of your first menstrual period?	Don't Know ☐	14 or older ☐	12 to 13 ☐		7 to 11 ☐			
2. What is your current age?		35 to 45 ☐	46 or older ☐					
3. What was your age at the time of your first live birth of a child?	Don't Know ☐	Younger than 20 ☐	20 - 24 ☐	25 - 29 ☐	30 or Older ☐	No Births ☐		
4. How many of your first-degree relatives (mother, sisters, daughters) have had breast cancer?	Don't Know ☐	0 ☐					1 ☐	More than 1 ☐
5. Have you ever had a breast biopsy? If yes, see questions 5a & 5b.	Don't Know ☐	No ☐			Yes ☐			
5a. How many breast biopsies have you had?		1 ☐			More than 1 ☐			
5b. Have you had at least one biopsy with atypical hyperplasia?		No ☐	Don't know ☐				Yes ☐	
6. Have you ever personally tested positive for the BRCA1 or 2 gene? (The "Breast Cancer Gene")	Don't Know ☐	No ☐						Yes ☐

Total	Office Use Only					
	0	0	1	2	3	8

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