Provider:_____ **Mammography Sheet** Tech Initial_____ # of Images:_____

Mammogram Date: _____

Last _____ First _____ MI _____ DOB _____ Age

Patient ID _____ Sex ☐ **Female** ☐ **Male** Ethnicity _____

Height _____ Weight _____ Ashkenazi (Jewish Decent) inheritance: ☐ Yes ☐ No ☐ Unknown

☐ First mammogram Date and location of last mammogram: _____

Personal Risk Factors

	at age		at age		at age
☐ Breast cancer gene-BRCA 1 ☐ BRCA 2	____	☐ History of uterine cancer	____	☐ History of high-risk lesion	____
☐ History of breast cancer	____	☐ History of ovarian cancer	____	☐ History of colon cancer	____
☐ Previous Chemotherapy	____	☐ Previous Radiation therapy	____		

Gynecological History

Menopause at age: _____ Date of Last Menstrual Period:

Hysterectomy at age: _____ First menstrual period at age: _____

Left Ovary removed: _____ Number of Live Births: _____

Right Ovary removed: _____ First Full-term Pregnancy at age: _____

☐ History of Breastfeeding

Breast Implants

☐ Right Date: _____

☐ Left Date: _____

Hormone History

	Currently Using	Duration of use			Currently Using	Duration of use			Currently Using	Duration of use		
Oral Contraceptives	☐	____ yrs	____ mos	Progesterone	☐	____ yrs	____ mos	Raloxifene	☐	____ yrs	____ mos	
Estrogen	☐	____ yrs	____ mos	Tamoxifen	☐	____ yrs	____ mos	Unspecified	☐	____ yrs	____ mos	

Family History of Cancer: (Under Type, specify: lung, breast, etc.)

Relative	Maternal or Paternal	Cancer Type	at age	Pre-menopause
_____	☐ ☐	_____	____	☐
_____	☐ ☐	_____	____	☐
_____	☐ ☐	_____	____	☐

Breast Surgical and Treatment History *Have you had any breast surgery? YES NO*

*If **YES**, please list Date, Procedure Type and Results below (ncluding reductions, or lift)*

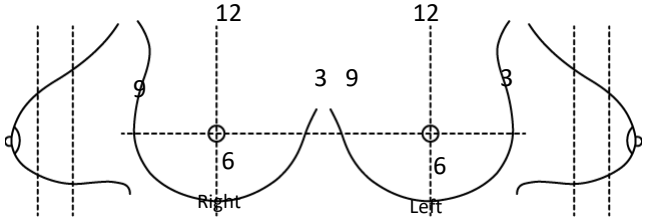
_____

_____

Current Complaints/Symptoms

_____

Physicial Findings



scar palpable lump skin lesion/mole thickening pain

Indicated Problems

R	L		R	L	
☐	☐	Palpable abnormality	☐	☐	Bloody discharge
☐	☐	Non-bloody discharge	☐	☐	Difficult physical exam
☐	☐	Breast Implant Problem	☐	☐	Skin thickening or retraction
☐	☐	Lump or thickening	☐	☐	Nipple abnormality
☐	☐	Large axillary lymph nodes	☐	☐	Pain ☐ Other

Technologist Comments:

_____

_____