



# RHODE ISLAND MEDICAL IMAGING

## Mammography Patient History Questionnaire

[Confirmed patients name and DOB  \_\_\_\_\_]

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Number of pregnancies: \_\_\_\_\_ Age at first pregnancy: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Are you having any symptoms today, if so please explain? \_\_\_\_\_

Have you ever had breast cancer? [ ] Yes [ ] No Have you ever had a breast procedure or surgery? [ ] Yes [ ] No

If yes, please complete the following:

	LEFT	RIGHT	DATE:	DIAGNOSIS:
BIOPSY	[ ]	[ ]	_____	_____
MASTECTOMY	[ ]	[ ]	_____	_____
CYST ASPIRATION	[ ]	[ ]	_____	_____
IMPLANTS	[ ]	[ ]	_____	_____
REDUCTION	[ ]	[ ]	_____	_____
LUMPECTOMY	[ ]	[ ]	_____	_____

### **FAMILY HISTORY OF BREAST CANCER:** [please answer yes (y) or no (n)]

Mother \_\_\_\_\_ Daughter(s) \_\_\_\_\_ Father's Mother \_\_\_\_\_ Mother's Father \_\_\_\_\_  
 Aunt \_\_\_\_\_ Mother's Mother \_\_\_\_\_ Father's Aunt(s) \_\_\_\_\_ Father's Father \_\_\_\_\_  
 Sister \_\_\_\_\_ Mother's Aunt(s) \_\_\_\_\_ Father \_\_\_\_\_

### **MENSTRUAL HISTORY:** Age at first period \_\_\_\_\_ Age at last period \_\_\_\_\_

Are you still menstruating? Y N Have you had a hysterectomy? Y N If YES-Age \_\_\_\_\_

Is there any possibility of pregnancy? No Yes Are you nursing? No Yes

Have you ever or are you now taking any of the following? Birth Control Pills \_\_\_\_\_

Hormone medication \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ inches Weight \_\_\_\_\_ lbs

### **MAMMOGRAPHY FILM HISTORY:** If YES, Where: Facility \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

I agree that all information on this form is correct to the best of my knowledge. I agree to allow RIMI to obtain previous mammogram films from an outside facility.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

### **REASON FOR TODAY'S EXAM:** SCREENING: [ ] Initial or Baseline [ ] Annual Screening [ ] Other

Physician recommended *DIAGNOSTIC* follow-up: [ ] Pain [ ] Mass or Lump [ ] Discharge [ ] Bleeding [ ] Calcification [ ] Dimpling

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#### FOR OFFICE USE ONLY

PREVIOUS FILMS: NONE [ ] NOT AVAILABLE [ ] WITH TODAY'S FILMS [ ]

