



MAMMOGRAM INFORMATION RECORD

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PLEASE BRING THIS WITH YOU TO YOUR APPOINTMENT

NAME: _____ **Date of Birth:** ___/___/___ Are you or could you be pregnant? **No** **Yes**

Most Recent Breast Imaging

Please circle Mammogram: Date: _____ Facility: _____
 NONE or Ultrasound: Date: _____ Facility: _____
 MRI: Date: _____ Facility: _____

Current Breast Problems

Please circle Lump **Right** **Left**
 NONE or Tenderness-Not related to menstrual cycle **Right** **Left**
 Nipple Discharge **Right** **Left**
 Other (Injury, Skin Changes, dimpling, etc) _____

Have you ever been diagnosed with Breast Cancer (including DCIS or LCIS)?

Please circle **NO** or **Right** **Left** If yes, treatment? Lumpectomy _____ Year _____
 Mastectomy _____ Year _____
 Radiation _____ Year _____

Prior Benign Breast Surgery or Procedure

NONE or Needle Core Biopsy **Right** **Left** Year _____ Facility: _____
 Surgical Biopsy **Right** **Left** Year _____ Facility: _____
 Cyst Drained **Right** **Left** Year _____ Facility: _____
 Reduction **Right** **Left** Year _____ Facility: _____
 Implants **Right** **Left** Year _____ Facility: _____

Family History of Breast Cancer Mother _____ - Age Diagnosed Sister _____ - Age Diagnosed
 NONE or Daughter _____ - Age Diagnosed Other _____

Have you or any family member had positive Genetic Testing?
NO **Yes** If yes, who (BRCA1/2)? _____

Do you have a history of Hodgkin's Disease treated with chest radiation therapy?
NO **Yes**

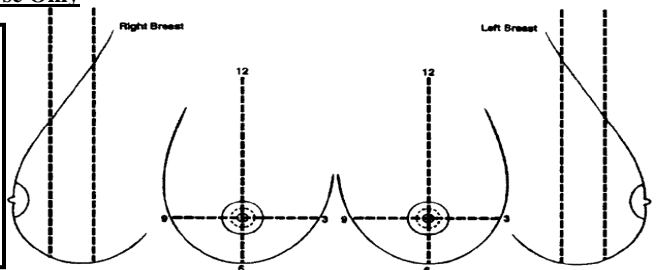
Month/ Year _____ **of last physical breast exam by your physician**

PATIENT'S SIGNATURE: _____ **DATE:** _____

Thank you for the information you have provided. You will receive a letter from us in about 2 weeks with information concerning the results of today's exam. If you have any questions, please ask the technologist performing your exam.

Technologist's Use Only

5 yr calculated risk _____%
 Avg. Patient 5 yr risk _____%
 Lifetime risk _____%
 Avg. Pt lifetime risk _____%



PLEASE COMPLETE OTHER SIDE



MAMMOGRAPHY
Phone Call Results
Preliminary Results Only

Phone call results option allows you to be called with the results of your exam.

Please note: a letter will be mailed to you with your results if you choose not to participate in the phone call results.

Your Signature on this document signifies your agreement to participate in **or** to decline phone call results.

- I DO** want to participate in phone call option.
- I DO NOT** want to participate in the phone call option.

Signature

Printed Name

Date

If you would like Phone Call Results, please provide contact information

Phone: _____

I agree to allow Community Memorial Hospital Radiology to leave my results
[] on my answering machine
[] with the individual who answers the phone

Comparison of previous studies is essential for accurate interpretation of your exam. Community Memorial Hospital Radiology may postpone delivery of preliminary results if previous mammography studies are not available for appropriate comparison by the radiologist.

For CMH Employee Use Only

Results Communicated to Patient: Date _____ Time _____

OR

Patient Unavailable, Left Message With: _____

Employee Initials _____



BREAST CANCER RISK ASSESSMENT

Name: _____

Risk Assessment Continued- **FAMILY HISTORY**

Please fill in as completely as possible

Relative	CURRENT AGE (or age at death)	BREAST CANCER (check if YES)	Estimated age when diagnosed		OVARIAN CANCER (Check if YES)	Estimated age when diagnosed
SELF						
Mother						
Sister(s)						
Paternal Grandmother						
Maternal Grandmother						
Paternal Aunt(s)						
Maternal Aunt(s)						
Daughter(s)						
Father						
Brother						
Other Relatives (please specify)						

_____ Date

_____ Time

_____ Signature

_____ Legal Authorized Representative



**BREAST CANCER RISK ASSESSMENT
QUESTIONNAIRE**

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Name: _____ Age: _____

Breast Cancer Risk Assessment Questionnaire

A Lifetime Risk Assessment can be performed for those patients over 35 and under 85 years of age who have never been diagnosed with Breast Cancer. The model used for this calculation is from the National Cancer Institute. To have us perform this assessment, please provide answers to the following questions.

1. What was your age at the time of your first menstrual period?

- Unknown 7 – 11 years
 12 – 13 years Over 14 years old

2. At what age did you have your first child?

- Unknown No Births
 Under 20 years 20 – 24 years
 25 – 29 years 30 years and over

3. How many of your 1st degree relatives (mother, father, sisters, or daughters) have had breast cancer?

- 0 1 more than 1 Unknown

4. Have you ever had a breast biopsy? No Yes

If Yes: a) How many biopsies have you had? 1 more than 1

b) Have you had a biopsy with the diagnosis of Atypical Hyperplasia? No Yes Unknown

5. What is your ethnicity/race?

- Caucasian African American Asian or Pacific Islander
 Hispanic American Indian or Alaskan native Unknown