Mammography Worksheet SIRA Imaging Center, L.L.C.

Sex ☐ Female ☐ Male

Last Name:	First Name:	MI	DOB	Age
MR #	SSN	Home phone	Work phone x	
Address	City	State	Zip	
Physician				

▶ **Is this your first mammogram?** ☐ **Yes** ☐ **No**

Where was your last mammogram? _____ When? _____

▶ **Are you having any new problems with your breasts?** ☐ **YES** ☐ **NO**

If yes what?
- Lump (new or enlarging) ☐ Right ☐ Left
- Discharge from the nipple ☐ Right ☐ Left _____ *Please describe*
- Skin changes ☐ Right ☐ Left
- Other: ☐ Right ☐ Left _____ *Please describe*

Have you had any of the following?

	Age of Diagnosis
☐ Breast cancer gene	
☐ History of breast cancer	_____
☐ History of ovarian cancer	_____
☐ History of endometrial cancer	_____
☐ History of colon cancer	_____
☐ Other Cancer: _____	_____

Has anyone in your family had a history of breast cancer?

Relative	at Age	Mother's side	Father's side
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Are you Pregnant? ☐ YES ☐ NO Number of live births _____ First full-term pregnancy at age _____

Menopause at age _____ Hysterectomy at age _____

Do you have breast implants? ☐ YES ☐ NO ☐ Right Date _____ ☐ Silicone Gel ☐ Saline

☐ Left Date _____ ☐ Silicone Gel ☐ Saline

Have you had any significant weight change? If yes, please indicate (+) or (-) _____ lbs

▶ **Are there any changes in your breast surgical and treatment history below?**

_____

_____

_____

Please mark any changes from above in this section: ***Include date, type, and result***

Have you had a:
- ☐ Reduction ☐ Right ☐ Left When? _____
- ☐ Biopsy ☐ Right ☐ Left When? _____ ☐ Benign ☐ Cancer found
- ☐ Lumpectomy for breast cancer ☐ Right ☐ Left When? _____
- ☐ Mastectomy for breast cancer ☐ Right ☐ Left When? _____
- ☐ Radiation When? _____
- ☐ Chemotherapy When? _____

Hormone History	Currently Using	Age at First Use	Age at Last Use
Hormonal contraceptives	☐	____	____
Estrogen	☐	____	____
Progesterone	☐	____	____

Are you currently using any of the following? (Check all that apply.)

	Currently Using	Age at First Use	Age at Last Use
☐ Tamoxifen?		____	____
☐ Femara		____	____
☐ Arimidex		____	____
☐ Aromasin		____	____

PATIENT SIGNATURE _____ **DATE:** ___/___/____