Reston Radiology Consultants

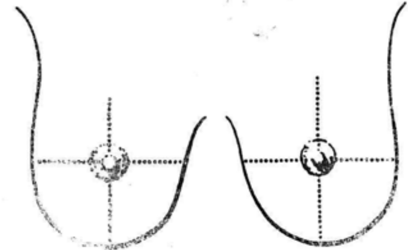
BREAST IMAGING HISTORY QUESTIONNAIRE

Patient Name: ______________________________ **Date:** ______________

Is there any chance that you could be PREGNANT now? ☐ YES ☐ NO

Have you ever had a mammogram before? ☐ YES ☐ NO

If yes, WHEN ________________ WHERE ______________________________



Breast Symptoms: (Please check any that apply) ☐NONE

☐Lump: side and location ______________________

☐Pain: side and location ______________________

☐Nipple Discharge: side and color ______________________

☐Other: please describe ______________________________

Breast History:

Have you ever had breast cancer?...................... ☐ YES ☐ NO

If so, ☐Right ☐Left and did you have ☐Chemotherapy ☐Radiation Therapy

Have you ever had breast surgery?..................... ☐ YES ☐ NO

☐ Cyst Aspiration ☐ Biopsy ☐ Lumpectomy ☐ Mastectomy ☐ Implants ☐ Reduction

Please describe details and side ______________________________

Is there a history of breast cancer in your family?

☐Mother ☐Sister ☐Daughter ☐NONE (Please check boxes if applicable and provide age at diagnosis) ______

Have you had any other type of cancer? ☐ YES ☐ NO (If Yes describe) ______________

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Gynecological History:

At what age was your first menstruation? ☐ 11 or earlier ☐ 12-13 ☐ 14 or older

Did you ever take Birth Control Pills? ………. ☐ YES ☐ NO

If yes please provide start year ________ and end year if stopped _____

Are you still menstruating?................................. ☐ YES ☐ NO

If yes, please provide date of start of last menstrual cycle? ___________

If post-menopausal, what was your age of menopause? ___________

Are you currently on Hormone Replacement Therapy? ☐ YES ☐ NO

Are you taking Tamoxifen? …………………. . ☐ YES ☐ NO

When did you give birth to your first child? ☐ 19 ☐ 20-24 ☐ 25-19 ☐ 30+ ☐Never

Do you drink alcohol?....................................... ☐ YES ☐ NO If so, please estimate drinks/week _____

PATIENT SIGNATURE: ______________________________

TECHNOLOGIST SIGNATURE: ______________________________