The Women's Imaging Center

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Mammography Registration Form

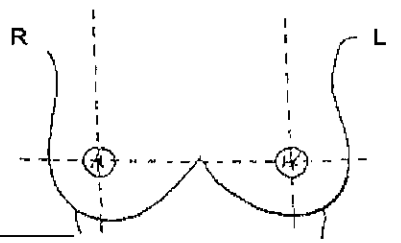
Patient:	**DOB:**	**Age:**
Home Ph:	**Day Ph:**	
Email Address:	**Physician Name(s):**	

Mammography Questionnaire - Personal History: *Please review the following and update as needed*

Location and date of last mammogram: _____

	YES	NO	RT	LT	
Are you currently pregnant?	____	____			
Any new Lumps or Masses?	____	____	____	____	
New Bloody/Colored Discharge?	____	____	____	____	Explain:_____
New inverted nipple/skin retraction?	____	____	____	____	
Breast Cancer?	____	____	____	____	Age of diagnosis:_____
Have you had a surgical biopsy?	____	____	____	____	
Lumpectomy?	____	____	____	____	
Mastectomy?	____	____	____	____	
Radiation?	____	____	____	____	
Hx. of XRT for Lymphoma?	____	____	____	____	
Chemotherapy?	____	____	____	____	
Have you had a breast reduction?	____	____	____	____	When?_____
Do you have breast implants?	____	____	____	____	Date:_____ Silicone:___ Saline:___ Both:__
Have your implants been replaced?	____	____	If yes, when_____		Ever ruptured?_____
Ever used hormone replacement?	____	____	If yes, currently?____		for how long? _____
Are you of Ashkenazi Jewish descent?	____	____	(May be associated with increased risk in some families)		
Have you had genetic testing?	____	____	Type/Results (BRCA or other)_____		

TECH USE ONLY



Height: _____ **Weight:** _____ **Age 1st period:** _____ **Age at birth of 1st child:** _____ **Age at menopause:** _____

Family history of cancer - Incl. 3 generations of BLOOD RELATIVES: You, Parents, GP, Aunts/Uncles/1st Cousins/GGP

Relationship to You (Include Yourself)	Side of Family (circle)	Cancer Type: Breast(s), Ovary, Colon, Other	Age Diagnosed	Genetic Results?
	Mother's/Father's			
	Mother's/Father's			
	Mother's/Father's			
	Mother's/Father's			

Are you interested in genetic testing? YES NO *If yes, please discuss with your clinician.

Please circle if you take any of the following: Tamoxifen Raloxifene Aromasin Arimidex Femara

List allergies: _____

Signature:_____ D.O.B. _____ Date:_____