



# Mammography Form



ACC# \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_  New Patient  
 Return Patient

Appt. Date/Time \_\_\_\_\_ Exam **Mammography Screen/Diag.**

Radiologist: \_\_\_\_\_

Ordering Dr. \_\_\_\_\_  Call  Fax \_\_\_\_\_

Comparison Films  
 Delivered  
 Pt to bring  
 On Way

Date of last period? \_\_\_\_\_

Is there a possibility that you could be pregnant?  Yes  No

Are you taking birth control pills?  Yes  No

How long? \_\_\_\_\_

Have you had your ovaries removed?  Yes  No

Are you taking hormones/estrogen?  Yes  No

How long? \_\_\_\_\_

Date of your last breast exam by a doctor or nurse? \_\_\_\_\_

### Have you had any of the following procedures?

Breast Biopsy (*surgical removal of breast lump or tissue*)

Left Date \_\_\_\_\_  
 Right Date \_\_\_\_\_

Results \_\_\_\_\_

Stereotactic Breast Bx

Left Date \_\_\_\_\_  
 Right Date \_\_\_\_\_

Results \_\_\_\_\_

Breast Augmentation-Implants (*if yes, please turn over and sign consent*)

Left Date \_\_\_\_\_  
 Right Date \_\_\_\_\_

Breast Reduction

Left Date \_\_\_\_\_  
 Right Date \_\_\_\_\_

Mastectomy (total breast removal)

Left Date \_\_\_\_\_  
 Right Date \_\_\_\_\_

Lumpectomy for Breast Cancer (*partial breast removal*)

Left Date \_\_\_\_\_  
 Right Date \_\_\_\_\_

Chemotherapy for Breast Cancer?  Yes  No

Are you taking Tamoxifen?  Yes  No

### Do you currently have any of the following symptoms?

Breast Lump

Left  Yes  No If yes, how long? \_\_\_\_\_  
 Right  Yes  No If yes, how long? \_\_\_\_\_

Pain or Discomfort

Left  Yes  No If yes, how long? \_\_\_\_\_  
 Right  Yes  No If yes, how long? \_\_\_\_\_

Discharge from Nipple

Left  Yes  No If yes, how long? \_\_\_\_\_  
 Right  Yes  No If yes, how long? \_\_\_\_\_

Inverted Nipple

Left  Yes  No If yes, how long? \_\_\_\_\_  
 Right  Yes  No If yes, how long? \_\_\_\_\_

Skin Dimpling

Left  Yes  No If yes, how long? \_\_\_\_\_  
 Right  Yes  No If yes, how long? \_\_\_\_\_

Have you had a previous mammogram?  Yes  No

Where? \_\_\_\_\_ When? \_\_\_\_\_

Is there a history of breast cancer in your family?  Yes  No

If yes, check which relative and give age when diagnosed.

Mother \_\_\_\_\_ (age)  
 Sister \_\_\_\_\_ (age)  
 Daughter \_\_\_\_\_ (age)  
 Grandmother \_\_\_\_\_ (age)

Which side of the family  Mother's  Father's

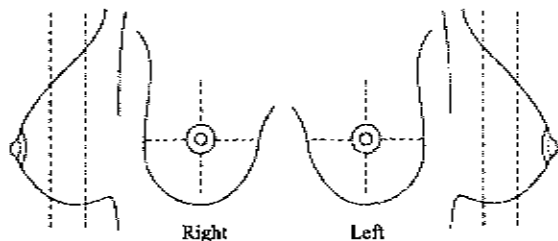
Aunt \_\_\_\_\_ (age)

Which side of the family  Mother's  Father's

### Patient Agreement:

I understand that this organization provides breast imaging services and that a qualified radiologist interprets the results. Mammography is only one of the recommended actions for early detection of breast cancer. Not all abnormalities are evident on mammography, therefore, a combination of monthly self-exams, annual mammograms and examination by a physician is the best and most comprehensive program for detection of breast cancer.

Patient Signature: \_\_\_\_\_



Technologist Comments: \_\_\_\_\_

Technologist Signature: \_\_\_\_\_



**Patient Advisory / Consent for Mammography  
For Patients with Breast Implants  
Mammography Form**

**The following should be discussed with breast implant patient prior  
to the performance of a mammography.**

1. Your physician has recommended that you have a mammogram. This procedure is currently the best way to detect cancer of the breast.
2. Breast implants can interfere with the interpretation of your mammogram because they obscure some of the breast tissue. However, new techniques that involve displacement of the implants allow for a good examination. To provide adequate displacement of the implant, it is necessary to apply pressure with the mammography machine to the breast and the implant. This pressure may be uncomfortable, but is essential to the examination.
3. While thousands of implant patients have undergone successful mammography without problems, there have been reports of occasional rupture of the implants, which may not be detected immediately and may require surgical replacement. Although our technologists are aware of this possibility and take utmost care in their technique, you should be aware there is some risk of a rupture occurring.
4. Implants that have been in place for a number of years may be more vulnerable. However, since the risk of an implant rupture is far less than the risk of breast cancer, a mammogram is necessary to protect a women's health.

**I have read this advisory. Though I am aware of the possible risk of damage to my breast implant as a result of mammography, I consent to the procedure.**

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I certify that the above items have been discussed with the patient and we offered to answer any questions regarding this mammography. We believe that the patient fully understands the explanation and answers:**

Technologist Signature: \_\_\_\_\_

Date: \_\_\_\_\_