

MAMMOGRAPHY QUESTIONNAIRE

Rev 01-23-17

DATE _____ NAME _____ DATE OF BIRTH _____ AGE _____

1. Yes No Have you had a mammogram before? When: _____ Where: _____
2. Yes No Do you have any breast problem today? If yes, please explain: _____
3. Yes No Have you ever had breast cancer(s)? If yes, -name of oncologist: _____
 -which side(s)? Right Left -did you have a mastectomy? Yes No
 -age(s) at diagnosis: _____ -did you have radiation treatments? Yes No
4. Yes No Have you ever had a benign breast biopsy? If yes, side(s): Right Left When: _____
5. Yes No Breast surgery for other than cancer (e.g., implants, reduction, biopsy)? Why: _____ When: _____
6. Yes No Is there any chance you are pregnant? Date of last menstrual period: _____
7. Yes No Are you taking hormone replacement medication (e.g., estrogen)?
8. Yes No Are you wearing body powder, deodorant, or lotion?
9. In addition to the doctor ordering today's mammogram, list any other doctor(s) you want to receive a report: _____

Family History We ask your help in answering the following questions, which will allow Diagnostic Radiology Associates and your doctor to determine if you are at higher than average risk for developing breast cancer. If you are at high risk, you and your doctor will be informed, and you may benefit from genetic counseling. If you circle Y below, give the relationship of the family member and age of cancer diagnosis. Please consider the following blood relatives on your mother's and father's side:

- 1st Degree Relatives Mother / Father / Sister / Brother / Children
- 2nd Degree Relatives Aunt / Uncle / Grandparent / Niece / Nephew
- 3rd Degree Relatives Cousin / Great Grandparent / Great Aunt / Great Uncle

Yes No Have YOU or ANYONE in your family been tested for a Hereditary Cancer Syndrome (e.g., BRCA gene)? Result _____

BREAST & OVARIAN CANCER HISTORY		FAMILY MEMBER			Age at Diagnosis	
		SELF	MOTHER'S SIDE	FATHER'S SIDE		
Y	N	Have you had breast cancer diagnosed at age 45 or younger?		-----	-----	
Y	N	Have you had breast cancer between ages 46-50 AND one additional family member with breast cancer at any age?				
Y	N	Have you OR anyone in your family had breast cancer that is Triple Negative (ER-, PR-, HER2-) diagnosed at age 60 or younger?				
Y	N	Have you OR anyone in your family had breast cancer in both breasts or more than once in the same breast?				
Y	N	Have you OR anyone in your family , had male breast cancer diagnosed at any age?				
Y	N	In your family , have any of your 1 st or 2 nd degree relatives had ovarian cancer at any age?				
Y	N	In your family , have any of your 1 st or 2 nd degree relatives had breast cancer at age 45 or younger?				
Y	N	In your family , were there 2 breast cancers on the same side of the family BOTH diagnosed at age 50 or younger?				
Y	N	In your family , were there 3 or more breast and/or pancreatic cancers (can include yourself) on the same side of the family diagnosed at any age?				
Y	N	Are you Jewish AND have you or anyone in your family had breast, ovarian, or pancreatic cancer at any age?				

What is best number to reach you for your results? _____ Can we leave a message? Yes No

Patient signature _____

Technologist Use Only	Tech: _____ Comparison Board # _____	Digital / SC/DX / Report	Comments
MRN _____	Genetic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already Had <input type="checkbox"/> Incomp	/ /	
<input type="checkbox"/> Screen <input type="checkbox"/> Diagnostic		/ /	
		/ /	
		/ /	
		Analog / SC/DX / Report	
		/ /	

