Regional Medical Imaging

Mammography Patient History Form

Clinical Details: Staff use only	
# of Images	Density:
Gail Score: %	Technologist:

Patient History

Today's Date:	**Referring Physician:**
Patient Name:	**DOB:**
Age:	**Weight:** **Height:**

If Patient is a minor or nursing home patient-Name of accompanying adult and relationship to patient:

Reason for Today's Exam:

Clinical Information

Yes	No			
☐	☐	**Chance of pregnancy?**	**Last Menstrual Period:**	
☐	☐	**Taking hormones (Estrogen, Etc.)**	**Type:**	**Number of Years:**
☐	☐	**Significant weight changes since previous study?**	**Gain or loss & amount:**	

Breast History

Family History of Breast Cancer :	☐ **Grandmothers**	☐ **Mother**	☐ **Sisters**	☐ **Aunts**	☐ **Daughters**
Age at Diagnosis:					

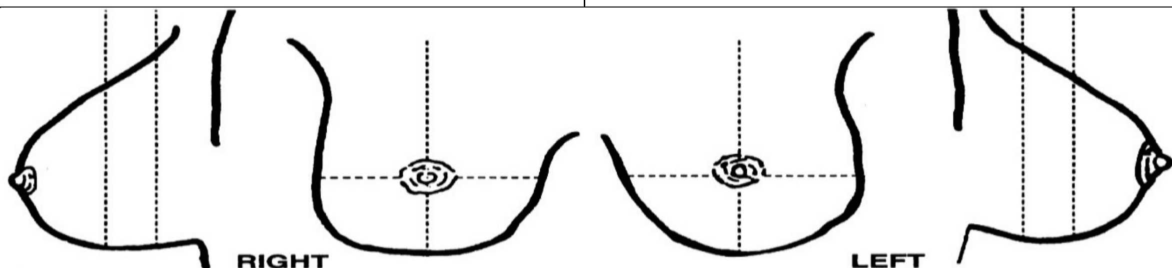
Personal History of Cancer?

Have you or your doctor felt any lumps?

Previous Exams: **Facility & Date(s):**	☐ **Mammogram**	☐ **Breast MRI**	☐ **US Breast**

Surgical History of the Breast(s) Date(s) & Results

Right Breast (please check any that apply & list the date)		**Left Breast** (please check any that apply & list the date)	
☐ Breast Reduction	☐ Implants	☐ Breast Reduction	☐ Implants
☐ Surgical/Needle Biopsy		☐ Surgical/Needle Biopsy	
Results:		Results:	
☐ Mastectomy	☐ Lumpectomy	☐ Mastectomy	☐ Lumpectomy
Results:		Results:	
Chemotherapy? ☐ Yes ☐No	Date(s):	Chemotherapy? ☐ Yes ☐No	Date(s):
Radiation Therapy? ☐ Yes ☐No	Date(s):	Radiation Therapy? ☐ Yes ☐No	Date(s):
☐ Cyst aspiration		☐ Cyst aspiration	
Results:		Results:	



Smoking History-Lung Screening

☐ **None Provided**	☐ **Current**	**Packs per day:**	**Number of years smoked:**
☐ **Never**	☐ **Past**	**Quit - How long ago?**	**History of Lung cancer?**

PLEASE CONTINUE ON THE BACK

Breast Cancer Risk Assessment

RMI utilizes the National Cancer Institute's Breast Cancer Risk Assessment Tool and the National Comprehensive Cancer Network's guidelines to calculate the risk score as a part of our UltimateMamm® service. For more information please refer to the National Cancer Institute's "Breast Cancer Risk Assessment Tool" at www.cancer.gov/bcrisktool.

Section 1: Risk Assessment Questions

Yes	No		
☐	☐	**Do you have a personal history of breast cancer, DCIS, or LCIS, or radiation therapy to the chest for treatment of Hodgkin lymphoma? (If Yes, skip to Section 2)**	
☐	☐	**Have you been tested for the BRCA gene or had diagnosis of a cancer risk elevating genetic syndrome? (If Yes, you do NOT need to complete Section 2)**	**Results:**

Current Age: **Age at first menstrual period?** ☐ unknown ☐ 7-11 ☐ 12-13 ☐ >= 14

Your Age at first live birth of a child: ☐ unknown ☐ no births ☐ < 20 ☐ 20-24 ☐ 25-29 ☐ >= 30

How many relatives- mother, sister(s), or daughter(s) –have had breast cancer: ☐ unknown ☐ 0 ☐ 1 ☐ > 1

Have you had a breast biopsy? (positive or negative) ☐ unknown ☐ No ☐ Yes (☐ 1 ☐ > 1)

If you have had a biopsy, did you have a biopsy result of atypical hyperplasia ☐ unknown ☐ No ☐ Yes

What is your race/ethnicity: ☐ White ☐ African American ☐ Hispanic ☐Asian American ☐ American Indian or Alaskan Native ☐ Unknown

Sub Ethnicity: ☐ Chinese ☐ Japanese ☐ Filipino ☐Hawaiian ☐ Other Pacific Islander ☐ Other Asian American

Section 2: Hereditary Breast Ovarian Cancer (HBOC) BRCA1/BRCA2 Questions

Please indicate all cancers that apply to you or your family members, along with the age at diagnosis. Family members to consider include: Maternal/Mom's Side, Paternal/Dad's Side, Children, Siblings, Parents, Grandparents, Aunts/Uncles.

Type/Location of Cancer	Self	Family Member	Age at Diagnosis
Breast Cancer Diagnosed at age 50 years or less	☐		
Ovarian Cancer Diagnosed at any age	☐		
Two primary (unrelated) breast cancers in the same person or on the same side of the family	☐		
Male Breast Cancer	☐		
Triple negative breast cancer (ER, -PR, HER2-) diagnosed at age 60 years or less	☐		
Three or more HBOC-associated cancers at any age on the same side of the family (HBOC cancers include breast, DCIS, ovarian, pancreatic and aggressive prostate cancer)	☐		
Ashkenazi Jewish ancestry with breast, ovarian, pancreatic or aggressive prostate cancer in the same person or on the same side of the family	☐		
Have you or any family member been tested for hereditary risk of cancer (HBOC/BRCA Analysis)	☐		

Up to 15% of breast cancers are not detected on mammogram(s) or ultrasound(s) of the breast even if you or your doctor can feel a lump.

It is often necessary to have you return for additional mammogram pictures of one or both breasts. If this should occur, do not automatically assume there is a problem. There are many reasons that may require you to return to our office for additional views. Here are just a few: 1. A skin fold on the mammogram. 2. A new benign lymph node or other new benign nodules. 3. Calcifications that upon closer inspection, are simply benign. 4. Hormone changes in the breasts that have occurred since your prior study.

If we have to call you back, please allow for additional time for us to read and pass the report to your referring doctor. Having you return for additional mammogram pictures reduces unnecessary biopsies and allows us to perform the best job for you.

Please note, in these instances where a Radiologist reviews your images and requests that you have "additional mammogram pictures" the return visit will be billed as Diagnostic Mammogram exam and any copays/deductibles on your insurance policy may be applied.

This form has been fully explained to me, and I certify the accuracy of its contents.

Patients Signature: Date: