MINOR & JAMES MEDICAL

Mammography Worksheet

MRN _____

Last _____ First _____ MI ___ DOB _____

Referred by _____ Age ____

Demographics

Home phone _____ Work phone _____ x _____ Cell Phone _____

Address _____

_____

City _____ State ____

Zip _____ Country ____

Sex ☐ Female ☐ Male Weight ____ lbs

Height __ ft ____ in

Ethnicity _____

Personal Risk Factors

			at Age
☐ Breast cancer gene	at Age	☐ History of endometrial cancer	____
☐ History of breast cancer	____	☐ History of high-risk lesion	____
☐ History of ovarian cancer	____	☐ History of colon cancer	____

Family History of Cancer

Relative	Type	at Age	Pre-menopause
_____	_____	____	☐
_____	_____	____	☐

Gynecological History

First menstrual period at age ____ Number of live births ____ First full-term pregnancy at age ____

Menopause at age ____ Left ovary removed at age ____ Right ovary removed at age ____

Hysterectomy at age ____ Possibility of pregnancy? ☐ Yes ☐ No LMP _____

▶ **Breast Surgical and Treatment History** (Include date, type, & result)

_____

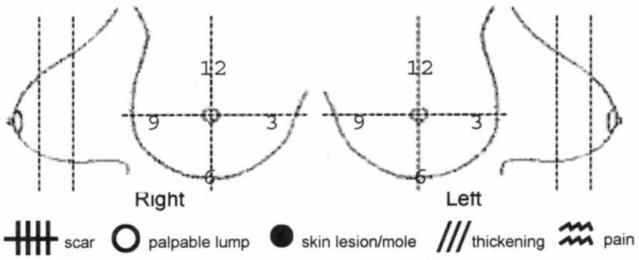
_____

_____

_____

_____

_____



Breast Implants

☐ Right Date _____ ☐ Silicone Gel ☐ Saline ☐ Combination ☐ Pre-pectoral ☐ Retro-pectoral

☐ Left Date _____ ☐ Silicone Gel ☐ Saline ☐ Combination ☐ Pre-pectoral ☐ Retro-pectoral

Hormone History

	Currently Using	Age at First Use	Age at Last Use	Duration of use
Oral Contraceptives	☐	____	____	____ yrs ____ mos
Estrogen	☐	____	____	____ yrs ____ mos
Progesterone	☐	____	____	____ yrs ____ mos
Tamoxifen	☐	____	____	____ yrs ____ mos
Raloxifene	☐	____	____	____ yrs ____ mos
Unspecified hormones	☐	____	____	____ yrs ____ mos

▶ **Current Complaints/Symptoms** _____

_____

_____

☐ First mammogram Time since last mammogram ____ yrs ____ mos ☐ <1 mo Tech _____

Copyright 2001 MRS, Inc.