

REASON FOR TODAY'S VISIT

- Annual mammogram (no symptoms)
- Callback (abnormal mammogram)
- Diagnostic Mammogram (having symptoms)

PATIENT FULL NAME: _____ DOB _____

PHYSICIANS NAME: _____ SELF REFERRAL (NO ORDERS)

DATE OF LAST MAMMOGRAM _____ LOCATION _____ Pink Door

Note When scheduling this appointment these symptoms MUST have been explained to staff to schedule your appointment accordingly

(Please Check any NEW symptoms you are experiencing today

- Lump Tenderness Discharge Skin change Thickening Pain Nipple Inversion
- Duration of time ____ Is Referring Physician aware of symptoms Y N

IF NO CHANGES IN THIS SECTION CHECK HERE

Pregnant YES NO Are you on Birth Control YES NO Currently Breastfeeding YES NO

Your age with first child ____ #of Births ____ hormone Medication YES NO Age/First menstrual ____

Hysterectomy YES NO Ovaries removed YES NO Pacemaker YES NO

MUST FILL OUT THIS SECTION COMPLETELY

Personal History of Breast Cancer YES NO IF "YES" Please check which apply.

Lumpectomy Radiation Mastectomy Chemotherapy Hormone Therapy

Any Needle Biopsy Yes No Left Right Both (if so) what year _____

Surgical Biopsy Yes No Left Right Both (if so) what year _____

FAMILY HISTORY BREAST CANCER CIRCLE (YES) OR (NO) if so, list below.

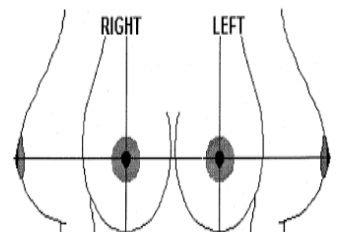
FAMILY HISTORY OF OVARIAN CANCER CIRCLE (YES) OR (NO) if so, list below

List family relation & age of Diagnosis _____

Breast Implants YES NO Original Year ____ Replaced Year ____ Reduction (R) (L) Year ____

Patient Signature _____ Date _____

*****STAFF USE BELOW*****



BC# _____ SCREENING DX RIGHT LEFT BILATERAL IM

