

Medical Information (*please circle appropriate answer*)

Home Phone: _____

Work Phone: _____

Sticker Here

Is this your first Mammogram? Y N

Where was your last Mammogram performed? _____

Have you or your physician found
any NEW lumps in your Breast? Y N

If yes, When and Which breast? _____

Do you have any nipple changes or discharge? Y N

Which Breast and when did the problem start? _____

Do you have Implants? Y N

If yes, what kind of Implants? _____

Have you ever had Cancer? Y N

If yes, what kind of Cancer? _____

Have any family members had Breast Cancer? Y N

If yes Who? _____ And what age? _____

Have you ever had Breast Surgery? Y N

If yes, When and Which Breast? _____

What were the results? _____

Have you ever had a breast removed? Y N

If yes, when and Which Breast? _____

Have you ever had Radiation Therapy? Y N

If yes, When and Which Breast? _____

Do you take Hormones? Y N

If yes, what kind of hormones? _____

At what age did you begin taking hormones? _____

Have you ever had a Hysterectomy? Y N

Did they remove your ovaries? Y N

Do you take Birth Control Pills? Y N

How many times have you been pregnant? _____

How many children do you have? _____

How old were you when your first child was born? _____

How old were you when you started your period? _____

Date of last period? _____

I the undersign give Sentara Breast Center, permission to obtain my prior mammogram films, reports, and permission to obtain my confidential record (follow-up breast surgery, pathology and or consultation notes).

Patient Signature: _____ Date: _____

Technologist: _____ Date: _____