Associated Physicians, LLP

BREAST IMAGING PATIENT HISTORY FORM

Date: _____

Ordering Physician: _____

Your Preferred Phone Number: _____

Place label here

Reason for Today's Exam: ❑ Routine Screening ❑ New Symptom or Clinical Finding ❑ Other: _____

1. Do you use an insulin pump? ❑ Yes ❑ No

2. Have you had breast imaging studies at another facility? ❑ Yes ❑ No
   If so, where: _____

3. Do you have implants? ❑ Yes ❑ No
   If yes, what type? ❑ Saline ❑ Silicone ❑ Other:_____

4. Are you currently breastfeeding or are you possibly pregnant? ❑ Yes ❑ No
   What is the date of your last menstrual period? _____

5. Have you completed menopause? ❑ Yes ❑ No
   If yes, at what age? _____

6. Have you given birth? ❑ Yes ❑ No
   If yes, what is the year of your first child's birth? _____

7. What is the date of your last clinical breast exam? _____

8. I, or my healthcare provider, feel/notice a new:
   ❑ Palpable lump or thickening ❑ Focal pain or tenderness ❑ Nipple discharge ❑ Other: _____

9. Have you had cancer of the uterus, cervix, ovaries or elsewhere? ❑ Yes ❑ No
   If yes, where? _____

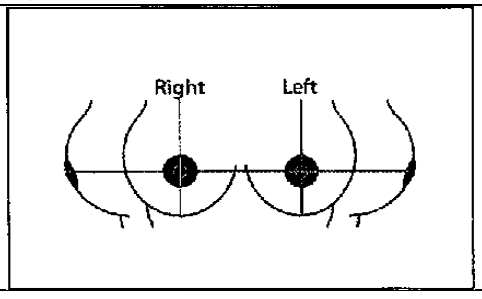
10. Have you had childhood radiation for lymphoma? ❑ Yes ❑ No

11. Have you been diagnosed with breast cancer? ❑ Yes ❑ No
    If so, have you had any of the following treatments?
    - ❑ Lumpectomy ❑ Left ❑ Right
    - ❑ Mastectomy ❑ Left ❑ Right
    - ❑ Radiation Therapy (External Beam or Brachytherapy) ❑ Left ❑ Right
    - ❑ Chemo Therapy
    - ❑ Chemoprevention Therapy

    Have you had an axillary node dissection? If yes, ❑ Left ❑ Right
    (If possible please do not place IV for contrast in the same side of the dissection)

12. Have you had breast surgery or a breast procedure? ❑ Yes ❑ No
    - Ultrasound Guided Biopsy ❑ Left ❑ Right
    - Cyst Aspiration ❑ Left ❑ Right
    - Stereotactic Biopsy ❑ Left ❑ Right
    - MRI Biopsy ❑ Left ❑ Right
    - Surgical/ Excisional Biopsy ❑ Left ❑ Right

    Other: _____



13. Do you have a family history of breast cancer? ❑ Yes ❑ No ❑ Unknown
    If yes, who in your family had breast cancer?
    - ❑ Aunt, cousin, grandmother
    - ❑ Post-menopausal mother, sister, daughter
    - ❑ Pre-menopausal mother, sister, daughter

14. Do you have a breast cancer "gene" in your family?

To the best of my knowledge, the above information is correct.

Patient Signature: _____ Date: _____ Technologist Initials: _____