WAKE RADIOLOGY MAMMOGRAPHY HISTORY

Please complete all patient info in the pink area.

MR#_____ ACCT #_____

Name_____ Exam Date_____ Exam Time_____

DOB_____ Age____ Race_____ Requesting Physician_____

Have you had a previous mammogram? ☐ Yes ☐ No

If YES, please give date and facility where the last mammograms were performed.

Date_____ Facility_____

Are you having breast problems? ☐ Yes ☐ No

SYMPTOM	RIGHT	LEFT	EXPLAIN
Lump	☐	☐	_____
Discharge	☐	☐	_____
Pain	☐	☐	_____
Skin Change	☐	☐	_____

Have you had breast cancer? ☐ Yes ☐ No

If YES, which breast? ☐ R ☐ L ☐ Both

Has your mother or sister had breast cancer? ☐ Yes ☐ No

If YES, please indicate which one:

☐ Mother Age of first occurence ____ ☐ Sister Age of first occurence ____

Are you presently taking hormone replacement? ☐ Yes ☐ No

Menopausal Status: ☐ Premenopausal ☐ Postmenopausal

Have you had previous breast surgery (including implants)? ☐ Yes ☐ No

If YES, please give **DATES** for the following:

SURGERY	RIGHT	LEFT
Cyst Aspiration	_____	_____
Surgical biopsy	_____	_____
Needle biopsy	_____	_____
Mastectomy	_____	_____
Lumpectomy (for cancer treatment)	_____	_____
Radiation therapy	_____	_____
Implants	_____	_____
Reductions	_____	_____
Other_____	_____	_____

Patient's signature_____

RADIOLOGIST USE ONLY

Date of previous comparison films_____

☐ Not available ☐ No previous baseline

Changes? ☐ Yes ☐ No

Implants? ☐ Yes ☐ No

Parenchyma ☐ ED ☐ HD ☐ SF ☐ EF

SCREENING		DIAGNOSTIC	
Right	Left	Right	Left
0mco	0mco	0mco	0mco
1	1	1	1
2	2	2	2
		3mco	3mco
		4mco	4mco
		5mco	5mco

Radiologist_____

Next Mammogram:

☐ 1 Yr ☐ 6 mos ☐ Age 40 ☐ Other_____

Immediate Followup Recommended:

☐ Clinical Followup ☐ Cyst Aspir (FNA)
☐ Additional views ☐ Surgical Consult
☐ Ultrasound ☐ Core BX
☐ Other_____ ☐ Open BX
☐ Other_____

Comments_____

TECHNOLOGIST USE ONLY

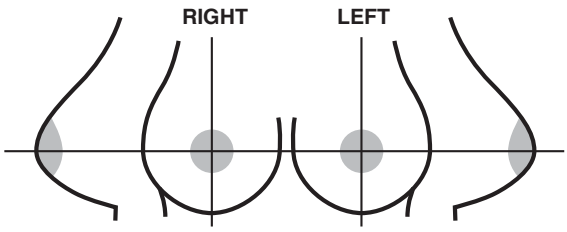
Type of Study: ☐ Screening ☐ Diagnostic Breasts Imaged: ☐ R ☐ L ☐ B

WR Location: ☐ NH ☐ CH ☐ WR ☐ NW ☐ GR ☐ CY ☐ BCW ☐ WF ☐ MV ☐ FV

Callback from screening date _____

Technologist_____

Number of images verified in PACS_____



Comments_____