

MAMMOGRAPHY HISTORY

602-867-0404 / Fax: 602-788-0893

Referring Physician	Name	Todays Date	
Age at the time of first menstrual period. Age at first live birth Did you breast feed?	Referring Physician	Age _	
Age at the time of first menstrual period	Do you or your doctor feel lumps in either breast?	Right Left Where? _	
Age at first live birth	Have you had previous mammograms?	Where? _	
Do you regularly take birth control pills or hormones?	Age at the time of first menstrual period		
Do you have regular menstral periods?	Age at first live birth	Did you breast feed? _	
Do you have discomfort, pain, or soreness?	Do you regularly take birth control pills or hormones?		
Do you have discharge from nipples?	Do you have regular menstral periods?	If yes, date of last _	
Have you lost or gained weight since last mammo exam? How many pounds? If yes describe If yes describe Have you ever had radiation therapy? For? If yes, which relative? If yes, which relative? If yes, which relative? Age Daughter Age Medications Currently Taking: Medications Currently Taking: Medications Currently Taking: Age Age Age Medications Currently Taking: How many pounds? If yes describe If yes describe	Do you have discomfort, pain, or soreness?		
Have you had any breast surgery or biopsies or implants? If yes describe Have you ever had radiation therapy? For? If yes, which relative? If yes, which relative? Age Daughter Age Age Medications Currently Taking:	Do you have discharge from nipples?	If yes, what color is it? _	
Have you ever had radiation therapy? For? If yes, which relative? Solution therapy? For? If yes, which relative? Mother Age Sister Age Daughter Age Age Munt Age Grandmother Age Medications Currently Taking:	Have you lost or gained weight since last mammo exam?	How many pounds?	
Medications Currently Taking: Sthere a history of breast cancer in your family?	Have you had any breast surgery or biopsies or implants?	If yes describe _	
Mother Age Sister Age Daughter Age Aunt Age Grandmother Age Medications Currently Taking:	Have you ever had radiation therapy? For?		
Aunt Age Grandmother Age Medications Currently Taking:	s there a history of breast cancer in your family?	If yes, which relative?	
Medications Currently Taking:	Mother Age Sister	Age Daughter	Age
	Aunt Age Grandmother _	Age	
Patientís Signature	Medications Currently Taking:		
Patientís Signature			
	Patientís Signature	_ Tech Signature	