

## Mammography Form

ACC# \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ ☐ New Patient ☐ Return Patient  
Appt. Date/Time \_\_\_\_\_ Exam Mammography Screen/Diag.  
Radiologist: \_\_\_\_\_  
Ordering Dr. \_\_\_\_\_ ☐ Call ☐ Fax \_\_\_\_\_  
Comparison Films  
☐ Delivered  
☐ Pts to bring  
☐ On Way

Date of last period? \_\_\_\_\_ Have you had your ovaries removed? ☐ Yes ☐ No  
Is there a possibility that you could be pregnant? ☐ Yes ☐ No  
Are you taking birth control pills? ☐ Yes ☐ No  
How long? \_\_\_\_\_

Are you taking hormones/estrogen? ☐ Yes ☐ No  
How long? \_\_\_\_\_  
Date of your last breast exam by a doctor or nurse? \_\_\_\_\_

### Have you had any of the following procedures?

Breast Biopsy (*surgical removal of breast lump or tissue*)

☐ Left Date \_\_\_\_\_  
☐ Right Date \_\_\_\_\_

Results \_\_\_\_\_

Stereotactic Breast Bx

☐ Left Date \_\_\_\_\_  
☐ Right Date \_\_\_\_\_

Results \_\_\_\_\_

Breast Augmentation-Implants (*if yes, please turn over and sign consent*)

☐ Left Date \_\_\_\_\_  
☐ Right Date \_\_\_\_\_

Breast Reduction

☐ Left Date \_\_\_\_\_  
☐ Right Date \_\_\_\_\_

Mastectomy (total breast removal)

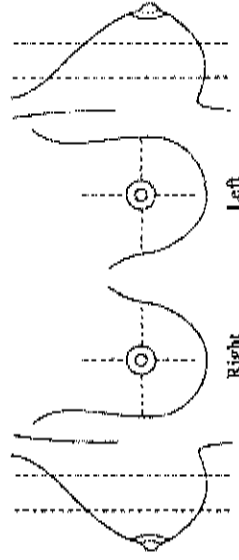
☐ Left Date \_\_\_\_\_  
☐ Right Date \_\_\_\_\_

Lumpectomy for Breast Cancer (*partial breast removal*)

☐ Left Date \_\_\_\_\_  
☐ Right Date \_\_\_\_\_

Chemotherapy for Breast Cancer? ☐ Yes ☐ No

Are you taking Tamoxifen? ☐ Yes ☐ No



Technologist Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technologist Signature: \_\_\_\_\_

### Do you currently have any of the following symptoms?

Breast Lump  
Left ☐ Yes ☐ No If yes, how long? \_\_\_\_\_  
Right ☐ Yes ☐ No If yes, how long? \_\_\_\_\_

Pain or Discomfort

Left ☐ Yes ☐ No If yes, how long? \_\_\_\_\_  
Right ☐ Yes ☐ No If yes, how long? \_\_\_\_\_

Discharge from Nipple

Left ☐ Yes ☐ No If yes, how long? \_\_\_\_\_  
Right ☐ Yes ☐ No If yes, how long? \_\_\_\_\_

Inverted Nipple

Left ☐ Yes ☐ No If yes, how long? \_\_\_\_\_  
Right ☐ Yes ☐ No If yes, how long? \_\_\_\_\_

Skin Dimpling

Left ☐ Yes ☐ No If yes, how long? \_\_\_\_\_  
Right ☐ Yes ☐ No If yes, how long? \_\_\_\_\_

Have you had a previous mammogram? ☐ Yes ☐ No

Where? \_\_\_\_\_ When? \_\_\_\_\_

Is there a history of breast cancer in your family? ☐ Yes ☐ No

If yes, check which relative and give age when diagnosed.

☐ Mother (age) \_\_\_\_\_  
☐ Sister (age) \_\_\_\_\_  
☐ Daughter (age) \_\_\_\_\_  
☐ Grandmother (age) \_\_\_\_\_

Which side of the family ☐ Mother's ☐ Father's

☐ Aunt (age) \_\_\_\_\_

Which side of the family ☐ Mother's ☐ Father's

### Patient Agreement:

I understand that this organization provides breast imaging services and that a qualified radiologist interprets the results. Mammography is only one of the recommended actions for early detection of breast cancer. Not all abnormalities are evident on mammography, therefore, a combination of monthly self-exams, annual mammograms and examination by a physician is the best and most comprehensive program for detection of breast cancer.

Patient Signature: \_\_\_\_\_



## Patient Advisory / Consent for Mammography For Patients with Breast Implants

### Mammography Form

The following should be discussed with breast implant patient prior to the performance of a mammography.

1. Your physician has recommended that you have a mammogram. This procedure is currently the best way to detect cancer of the breast.
2. Breast implants can interfere with the interpretation of your mammogram because they obscure some of the breast tissue. However, new techniques that involve displacement of the implants allow for a good examination. To provide adequate displacement of the implant, it is necessary to apply pressure with the mammography machine to the breast and the implant. This pressure may be uncomfortable, but is essential to the examination.
3. While thousands of implant patients have undergone successful mammography without problems, there have been reports of occasional rupture of the implants, which may not be detected immediately and may require surgical replacement. Although our technologists are aware of this possibility and take utmost care in their technique, you should be aware there is some risk of a rupture occurring.
4. Implants that have been in place for a number of years may be more vulnerable. However, since the risk of an implant rupture is far less than the risk of breast cancer, a mammogram is necessary to protect a women's health.

**I have read this advisory. Though I am aware of the possible risk of damage to my breast implant as a result of mammography, I consent to the procedure.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I certify that the above items have been discussed with the patient and we offered to answer any questions regarding this mammography. We believe that the patient fully understands the explanation and answers:**

Technologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_