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MAMMOGRAPHY QUESTIONNAIRE

Kindly complete questions 1–10. (Please Print) 1. Name:	
1. Name:	
(Last) (First) (M.I.) 2. Age: Date of birth:	
2. Age: Date of birth:	
3. Telephone: (Home)(Work)(Cell)(Cell)	
4. Date of last menstrual period?	
5. Have you ever had a previous mammogram? Yes No	
If yes, When Where Where	
6. Have you ever had breast surgery? Yes No	
Type (please check) Biopsy Aspiration Mastectomy Implants Lumpectomy	
When	
7. Has your mother, sister, grandmother or maternal aunt had breast cancer? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	No
If yes please check: 🗌 Mother 🔲 Sister 🔲 Grandmother 🗌 Maternal Aunt 🛮 Age of onset:	
8. Are you taking any hormones at this time? 🗌 Yes 📗 No	
If yes, please state type	
9. Are you experiencing any new problems with your breasts now?	
If yes, Lump	
Discharge Which Side	
Other (please describe)	
10. When was the last time your breasts were physically examined by a physician?	
11. Name of your referring physician	

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