Health First Breast Center Melbourne MAMMOGRAPHY WORKSHEET

Patient ID _____ **Anticipatory Order** ☐ Date _____

Last _____ First _____ MI ___ Sex ☐ F ☐ M DOB _____ Age ___

Referred by _____

Self-referred ☐ Y ☐ N ☐ Possibly

▶ **Technologist(s)** _____ Machine Cleaned ☐ Y ☐ N

Personal Risk Factors

	at Age		at Age		at Age
☐ Ashkenazi Jewish		☐ History of colorectal cancer		☐ History of other cancer	
☐ **History of breast cancer**		☐ History of pancreatic cancer		☐ History of high-risk lesion	
☐ **History of ovarian cancer**		☐ History of endometrial cancer		☐ Previous chest radiation therapy	
		☐ History of hyperplasia w/o atypia		☐ Previous chemotherapy	

Personal and Family Genetic Testing

☐ **Genetically tested?** **Outcome** _____ **Gene type** _____

☐ **Family member genetically tested?** **Outcome** _____ **Relative** _____ **Gene type** _____

Gynecological History

First menstrual period at age ___ Number of live births ___ First full-term pregnancy at age ___ Menopause at age ___

Left ovary removed at age ___ Right ovary removed at age ___ Hysterectomy at age ___

Breast Surgical & Treatment History *Include date, type, and result*

Family Hx of Cancer

Relative	at Age	Pre-menopause	Cancer Type	Mater / Pater	
		☐		☐	☐
		☐		☐	☐
		☐		☐	☐
		☐		☐	☐
		☐		☐	☐
		☐		☐	☐

Tech Notes

Breast Implants

☐ Right Date _____ ☐ Silicone Gel ☐ Saline ☐ Combination ☐ Pre-pectoral ☐ Retro-pectoral

☐ Left Date _____ ☐ Silicone Gel ☐ Saline ☐ Combination ☐ Pre-pectoral ☐ Retro-pectoral

Hormone History	Currently Using	Age at First Use	Age at Last Use	Duration of use		Currently Using	Age at First Use	Age at Last Use	Duration of use	
Oral Contraceptives	☐			___ yrs	___ mos	Tamoxifen	☐			___ yrs ___ mos
Estrogen	☐			___ yrs	___ mos	Raloxifene	☐			___ yrs ___ mos
Progesterone	☐			___ yrs	___ mos	Unspecified hormones	☐			___ yrs ___ mos

☐ First mammogram Time since last mammogram ___ yrs ___ mos ☐ <1 mo Last menstrual period _____

▶ Prior Study Comparison

STOP for Diagnostic Mammo Use ONLY

▶ Current Complaints/Symptoms

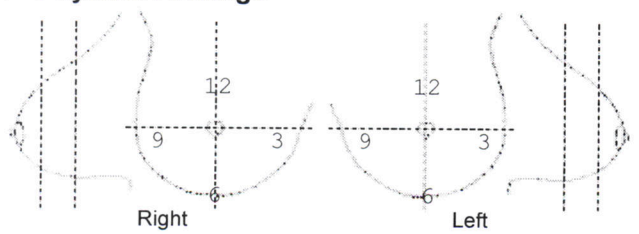
▶ Reason for Mammogram

☐ Screening ☐ Clinical finding (Dx)
☐ Bilateral ☐ Uni ☐ L ☐ R
☐ Known biopsy proven malignancy

☐ Hx of breast cancer, conservation therapy
☐ Hx of breast cancer, mastectomy
☐ Pre-reduction mammoplasty
☐ Hx of benign breast biopsy
☐ Review of outside study

☐ Hx of breast augmentation, asymptomatic
☐ Addl. eval requested from prior study
☐ Follow-up at short interval from prior study
☐ Addl eval requested from abnormal screening
☐ Pre-radiation therapy

▶ Physical Findings



scar palpable lump skin lesion/mole thickening pain

▶ Indicated Problems

☐ Cancer elsewhere

L	R		L	R	
☐	☐	Palpable abnormality	☐	☐	Bloody discharge
☐	☐	Non-bloody discharge	☐	☐	Difficult physical exam
☐	☐	Breast implant problem	☐	☐	Skin thickening or retraction
☐	☐	Lump or thickening	☐	☐	Nipple abnormality
☐	☐	Large axillary lymph nodes	☐	☐	Skin changes to breast
			☐	☐	Pain ☐ Other