



We Provide Answers

Our Best Protection Is Early Detection...

Patient Name _____ Date _____

Reason for Exam:

- Screening MRI exam
- Recently diagnosed with breast cancer (R___ L___)
- Implant screening (R___ L___)

I am having the following problem(s)

- | | |
|--------------------------|--------------------------------|
| Lump (R___ L___) | Thickening |
| Nipple discharge/problem | Enlarged lymph nodes under arm |
| Implant (R___ L___) | Other _____ |

Family history of (Breast) cancer

Grandmother Mother Sister Other _____

Age _____ Year Diagnosed _____

Personal history of cancer Type _____ Age _____

Have you had Radiation or Chemotherapy treatment? Yes ___ No ___

Have you taken hormone replacements? (Birth control or hormone replacement)

Yes ___ No ___ Type _____ When did you stop? _____

Breast Health History [Include (YEAR) and (LOCATION) on diagram]

- Surgical Biopsy
- Core Biopsy (u/s or stereotactic)
- Lumpectomy (XRT Yes No)
- Axillary lymph node dissection (ALND)
- Sentinel lymph biopsy (SLN)
- Mastectomy
- Reduction Mammoplasty
- Implants (Saline Silicone)
- Any moles on breast

