



BOOKED: YES /NO (TIME: _____)

MAMMOGRAPHY PATIENT QUESTIONNAIRE:

NAME AND SURNAME: _____ AGE: _____

PREGNANT YES/NO

DATE OF EXAMINATION: ____/____/20____ FILE NO: _____

FIRST MAMMOGRAM: YES
PREVIOUS MAMMOGRAMS : YES/NO Available: YES/NO When was it? _____
REASON FOR MAMMOGRAM?

Routine / Short term follow up / Diagnostic

*Nipple retraction Y/N ** Discharge Y/N ** skin changes Y/N ** Pain R / L*

FAMILY HX OF BREAST Ca: NO/ YES

HORMONE USE : YES/NO _____

Powder/Lotion/roll on: REMOVED / NONE APPLIED



PERSONAL HISTORY:

<i>Biopsy/excision/lumpectomy:</i>	YES/NO	left/right
<i>Cyst aspiration:</i>	YES/NO	left/right
<i>Breast reduction:</i>	YES/NO	left/right
<i>Mastectomy:</i>	YES/NO	left/right
<i>Breast implants:</i>	YES/NO	
<i>Number of children:</i>	_____	
<i>Breastfeeding:</i>	YES/NO _____	