

**HERSPACE
Breast Imaging Questionnaire**

Account # _____ Tech _____ Date _____

Name: _____ Age: _____ DOB: _____

Date and Location of last mammogram: _____

HEIGHT _____ WEIGHT _____ Are you of Ashkenazi (eastern European) Jewish descent? Yes No

For premenopausal women:

Date of last menstrual period ____/____/____

Is there a possibility that you may be pregnant? Yes No

Age at first menses _____ Age at menopause, if applicable _____ Have your ovaries been removed? Yes No

Age at first full term pregnancy _____ Latex allergy? Yes No

A. REASON FOR VISIT TODAY:

Prescription from physician indicating a problem or concern? Yes No

Baseline (first) mammogram? Yes No

Routine annual screening Yes **Skip to section B.**
No Check the reason(s) for **today's** visit below:

Lump	R	L
Pain	R	L
Nipple discharge	R	L
6-month follow-up	R	L
Abnormal outside mammogram	R	L

Other _____

TECHS

MD

B. CLINICAL HISTORY: (place a check next to any that apply)

Lumpectomy for breast cancer R L When? _____

Mastectomy R L When? _____

Radiation therapy to: breast R L

chest head neck

Type of condition? _____

When? _____

Chemotherapy for breast cancer

When? _____

Chemotherapy for other malignancy What? _____

When? _____

Tamoxifen Arimidex Femara

When? _____ to _____

Implants? R L Silicone Saline year implants placed _____

Previous implants? R L Silicone Saline year implants replaced _____

Reduction? R L what year? _____

Continue on back....

