



**EVE'S BREAST CENTER**

**MAMMOGRAPHY QUESTIONNAIRE**

Patient Name:

DOB:

Age:

Ins Name:

Ref Doctor:

PH #:

**Required:** Your physician name to send your report?

Is there a chance you could be pregnant **YES**  **NO**   
How did you hear about us?

**REASON FOR VISIT?**

Concerns or Complaints	YES NO		Explain:
Breast Pain	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Discharge	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Lump	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Other	<input type="checkbox"/> Right	<input type="checkbox"/> Left	

**BREAST CANCER HISTORY:** YES  NO

<input type="checkbox"/> SELF	<input type="checkbox"/> MOTHER	<input type="checkbox"/> DAUGHTER	<input type="checkbox"/> SISTER
<input type="checkbox"/> AUNT	<input type="checkbox"/> COUSIN	<input type="checkbox"/> GRANDMOTHER	<input type="checkbox"/> FATHER

**SURGICAL HISTORY:**  NOT APPLICABLE

Malignant Breast Biopsy	<input type="checkbox"/> Right	<input type="checkbox"/> Left	Lumpectomy	<input type="checkbox"/> Right	<input type="checkbox"/> Left
Benign Breast Biopsy	<input type="checkbox"/> Right	<input type="checkbox"/> Left	Breast Reduction	<input type="checkbox"/> Right	<input type="checkbox"/> Left
Mastectomy	<input type="checkbox"/> Right	<input type="checkbox"/> Left			

Prior Mammogram?  YES  NO **Where:**

Do you have BREAST IMPLANTS?  YES  NO History of Ruptured Implants?  YES  NO

Have you had your IMPLANTS REPLACED?  YES  NO If Yes, When:

Are you taking Hormones?  YES  NO

I understand a mammogram may result in mild discomfort. Not all cancers are found on a mammogram. A yearly physical with physician and a breast ultrasound may contribute towards your breast health.

Tech Only:

Patient Signature

Date: