| Breast Health CENTER |
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| MAMMOGRAPHY HISTORY FORM |
| Reason for Today's Visit Routine screening (no known problems) Baseline (first mammogram) Short term follow up months New Lump Right Left Other, please explain: |
| Clinical History Age at first period: Age at menopause: Did you have a hysterectomy? I Yes No If yes, how old were you: Any hormone use (estrogen, progesterone) in the last 3 years? I Yes No Currently using birth control pills? I Yes No Currently taking Tamoxifen, Femara, or Arimidex? I Yes No Number of pregnancies: Age at first full term pregnancy: |
| Personal History Breast Cancer? □ Yes □ No If yes, age at diagnosis: Ovarian Cancer? □ Yes □ No |
| Family History Breast Cancer? If yes, which family member: Age at diagnosis: Ovarian Cancer? If yes, which family member: |
| Breast Surgical History (please check all that apply) Implants right left Reduction right left Cyst aspiration right left Biopsy right left Lumpectomy (for cancer) right left Mastectomy right left Radiation Therapy right left Chemotherapy right left |
| Previous Mammography |
| Recent fall in the last 6 months? |
| Patient Signature: Date: Time: |
| Form # uhcc-M240 Developed 11/2000 Revised 1/2013 |