SSN #: _ _ _ - _ _ - _ _ _ _ Chart #:________________

Date of Birth:_ _ / _ _ / _ _ Date of Study:_ _ / _ _ / _ _

Last Name:____________________________ First Name:___________________________ M.I.__

Street Address:___________________________ City:______________ State ______ Zip _______

County:_________________________ Daytime Phone: (_ _ _) - _ _ _ - _ _ _ _

Ethnic Group: ❏ Black ❏ White ❏ Asian ❏ Native American ❏ Hispanic ❏ Other

Previous mamogram? ❏ No ❏ Yes Date:_ _ / _ _ / _ _ Location: _____________________

Has your mother or your sister(s) had breast cancer? ❏ No ❏ Yes If yes, earliest age of occurance?____

Have you had a breast biopsy or surgery before? ❏ No ❏ Yes

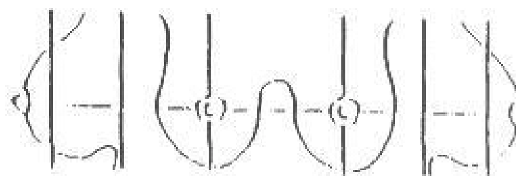
If yes, type:		Left	Right	Both	Date
	Impants	❏	❏	❏	_ _ / _ _ / _ _
	Biopsy	❏	❏	❏	_ _ / _ _ / _ _
	Needle Aspiration	❏	❏	❏	_ _ / _ _ / _ _
	Mastectomy	❏	❏	❏	_ _ / _ _ / _ _
	Other	❏	❏	❏	_ _ / _ _ / _ _

Have you had breast cancer? ❏ No ❏ Yes If yes, which breast? ❏ Right ❏ Left ❏ Both

SAMPLE

Are you having any problems with your breasts: ❏ No ❏ Yes
If yes, please check the blanks below for each breast.

Left		Right
❏	Lump	❏
❏	Discharge	❏
❏	Other	❏



Left **Right**

Have you had any other breast problems not mentioned above?

Are you taking hormone medication? ❏ No ❏ Yes Type_______________ Date Started? _ _ / _ _ / _ _

Have you had a hysterectomy? ❏ No ❏ Yes If yes, date of hysterectomy? _ _ / _ _ / _ _

Were your ovaries removed at that time? ❏ No ❏ Yes

When was you last menstrual period? _ _ / _ _ / _ _