

Abercrombie Radiology

DATE: _____

FILM # _____

NAME: _____

_____/_____/_____ AGE _____
Date of Birth

PHYSICIAN: _____
List names of all doctors you want copy of reports to go to.

CIRCLE ONE

- | | | |
|---|-----|----|
| 1. Do you have any new symptoms such as a mass or hard knot in your breast?
Bloody nipple discharge? Skin or nipple indentation?
If yes, describe _____ | YES | NO |
| 2. Did your doctor feel something? Where? _____ | YES | NO |
| 3. Have you had breast cancer? | YES | NO |
| 4. Do you have implants or have had breast reduction? | YES | NO |
| 5. Are you under age 35? | YES | NO |
| 6a. Have you had a mammogram in the past 6 months? | YES | NO |
| 6b. Do you have previous mammograms?
When? _____ Where? _____ | YES | NO |
| 7. Have you had a breast MRI?
When? _____ Where? _____ | YES | NO |
| 8. Could you be pregnant? | YES | NO |
| 9. Are you taking hormones?
If so, how long? _____ | YES | NO |

BREAST CANCER RISK ASSESSMENT

- | | | |
|--|-----|----|
| 1. Family history of breast cancer in a first degree relative (mother, sister, daughter)?
If yes, how many? _____ Age at time of diagnosis? _____ | YES | NO |
| 2. Have you had breast surgery or needle biopsy? If so, which breast? _____
Were any of these atypical hyperplasia? | YES | NO |
| 3. At what age did you have your first period? _____ | | |
| 4. At what age did you give birth to your first child? _____ | | |
| 5. What is your race/ethnicity? _____ | | |
| 6. Are you taking Tamoxifen? | YES | NO |
| 7. Have you had a breast biopsy showing LCIS? (lobular carcinoma in situ) | YES | NO |
| 8. Have you used birth control pills?
If yes, at what age did you start? _____ At what age did you stop? _____ | YES | NO |
| | YES | NO |

PATIENT SIGNATURE _____

FOR OFFICE USE ONLY

Breast Density:

- <25% Almost entirely fatty
 25 – 49% Scattered fibroglandular density
 50 – 74% Heterogeneously dense
 75 – 100% Extremely dense

Lifetime Risk (to Age 90) _____ %



DIAGNOSTIC EXAMINATION

Note: Technologist mark scars, moles, or if nipple inverted or everted.

TECHNOLOGIST SIGNATURE

RADIOLOGIST SIGNATURE