Carolina Breast Imaging Specialists, PLLC — Mammography History Sheet

Patient ID _____ Site ID CBIS Patient's Age Date of Birth _____

Last _____ First _____ Middle _____

Referred By _____ Correspondence Language English (United States)

Please describe any new problems you are having with your breasts today. _____

Demographics

Phone _____ Ext _____ Type _____

Phone _____ Ext _____ Type _____

Address _____

City _____ State _____

Zip _____ Country _____

E-mail Address _____

☐ Send Correspondence via-Email

History of Cancer

Have you previously had any of the following cancers?

Cancer Type	at Age	Cancer Type	at Age
☐ Breast		☐ Endometrial	
☐ Ovarian		☐ Other	
☐ Colorectal			

☐ Newly diagnosed cancer

_____

Risk Factors

☐ No Known Previous Breast Biopsies ☐ No Known Family History of Cancer

☐ Ashkenazi Jewish ☐ Previously diagnosed with LCIS ☐ Previously diagnosed with DCIS

Have you been tested for any of the following cancer genes?

	Outcome
☐ BRCA1	
☐ BRCA2	

☐ Previous Chest Radiation Therapy at Age: _____

☐ Previous Chemotherapy at Age: _____

☐ Previously diagnosed with Atypical Ductal Hyperplasia at Age: _____

☐ Previously diagnosed with Atypical Lobular Hyperplasia at Age: _____

☐ Previously diagnosed with Hyperplasia without Atypia at Age: _____

Gynecological History

☐ Premenopausal ☐ Perimenopausal ☐ Postmenopausal

First Full-term Pregnancy at Age: _____ Hysterectomy at Age: _____ Menarche at Age: _____ Menopause at Age: _____

Left Ovary was Removed at Age: _____ Right Ovary was Removed at Age: _____ Number of Live Births: _____

Are you breast feeding? ☐Yes ☐No Last Menstrual Period _____ Last Clinical Breast Exam _____

Could you possibly be pregnant? ☐Yes ☐No

	Right Breast	Left Breast
Implant History	Implant date:	Implant date:
Implant Type	☐Saline ☐Silicone	☐Saline ☐Silicone
Implant Location	☐Pre-pectoral ☐Retro-pectoral	☐Pre-pectoral ☐Retro-pectoral

Breast Surgical and Treatment History (Include date, type and results and indicate left, right or both)

_____

Hormone History

Have you ever used or are you currently using any of the following hormones?

Currently Using	Age at First Use	Age at Last Use	Duration Years	Duration Months	Intended Duration
☐ Hormonal Contraceptives					
☐ Progesterone					
☐ Raloxifene					
☐ Estrogen					
☐ Tamoxifen					
☐ Unspecified					

Patient: _____ Technologist: _____

Please Sign Above

Carolina Breast Imaging Specialists, PLLC **Mammography History Sheet**

Please complete this page only if your family member(s) has(have) a history of breast, ovarian, pancreatic, uterine, prostate or colon cancer.

Family History

Has anyone in your family been diagnosed with cancer or been genetically tested for the cancer gene?

Relative: First Name: Middle Name:

Cancer Type ______________ At Age ______ ☐ Unknown
Cancer Type ______________ At Age ______ ☐ Unknown

Genetically Tested For: ______ Outcome: ______ Genetically Tested For: ______ Outcome: ______

Relative: First Name: Middle Name:

Cancer Type ______________ At Age ______ ☐ Unknown
Cancer Type ______________ At Age ______ ☐ Unknown

Genetically Tested For: ______ Outcome: ______ Genetically Tested For: ______ Outcome: ______

Relative: First Name: Middle Name:

Cancer Type ______________ At Age ______ ☐ Unknown
Cancer Type ______________ At Age ______ ☐ Unknown

Genetically Tested For: ______ Outcome: ______ Genetically Tested For: ______ Outcome: ______

Relative: First Name: Middle Name:

Cancer Type ______________ At Age ______ ☐ Unknown
Cancer Type ______________ At Age ______ ☐ Unknown

Genetically Tested For: ______ Outcome: ______ Genetically Tested For: ______ Outcome: ______

Relative: First Name: Middle Name:

Cancer Type ______________ At Age ______ ☐ Unknown
Cancer Type ______________ At Age ______ ☐ Unknown

Genetically Tested For: ______ Outcome: ______ Genetically Tested For: ______ Outcome: ______

Patient: ______________________ Technologist: ______________________

Please Sign Above