



**PATIENT INFORMATION SHEET**

Patient Identification

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Do you or your doctor have new concerns about your breasts? Yes No  
If yes, please describe symptoms: \_\_\_\_\_

Number of live births \_\_\_\_\_ Age at 1<sup>st</sup> live birth \_\_\_\_\_ Ashkenazi Descent: Yes No

Age at 1<sup>st</sup> Menstrual period \_\_\_\_\_ Age at Menopause \_\_\_\_\_ Date of last period: \_\_\_\_\_ Hysterectomy: Yes No

Do you **regularly** take any of the following hormones? Yes No  
Contraceptives \_\_\_\_\_ Estrogen \_\_\_\_\_ Progesterone \_\_\_\_\_ Tamoxifen \_\_\_\_\_ How long? \_\_\_\_\_

Family History of Breast Cancer? Yes No		Ovarian Cancer? Yes No	
Relation	Age Diagnosed	Relation	Age Diagnosed
___ Self	_____	___ Self	_____
___ Mother	_____	___ Mother	_____
___ Sister	_____	___ Sister	_____
___ Daughter	_____	___ Daughter	_____
___ Grandmother (maternal)	_____	___ Grandmother (maternal)	_____
___ Grandmother (paternal)	_____	___ Grandmother (paternal)	_____
___ Aunt (maternal)	_____	___ Aunt (maternal)	_____
___ Aunt (paternal)	_____	___ Aunt (paternal)	_____
___ Other Daughter	_____	___ Other Daughter	_____
___ Other Sister	_____	___ Other Sister	_____
Have any men in your family had breast cancer?		Yes	No

Have you had breast surgery? Yes No Which breast? Left Right  
If yes, please circle type of surgery:  
Biopsy Lumpectomy Mastectomy Implants Reductions Other \_\_\_\_\_

Have you ever had breast cancer? Yes No When? \_\_\_\_\_

Check any that apply: \_\_\_ Atypical Hyperplasia \_\_\_ LCIS \_\_\_ Hyperplasia (no atypia) \_\_\_ Unknown benign disease

Have you had a previous mammogram or breast ultrasound? If yes, when \_\_\_\_\_ Yes No  
**WHERE?** \_\_\_\_\_

If you had your last mammogram at another facility, we will be requesting your films.  
Would you like your mammography films to be kept at Memorial permanently? Yes No

I understand that mammography is only part of a complete breast examination. Physical examination and breast self-examination is another part. A physical exam is essential, even if my mammogram does not show any abnormality. Although mammography is the most reliable test for detecting breast cancer when it is early and still too small to feel, a mammogram does not detect all breast cancers. This exam may cause temporary discomfort in some patients due to the amount of compression necessary to obtain proper images. This compression does not in any way damage breast tissue and it produces no long-term discomfort. I understand that I should receive a notice of the results of my mammograms in about 2 weeks and that if I have not received it in that time, I should call Memorial Breast Services at **423-495-7752**.

Signature \_\_\_\_\_ Date \_\_\_\_\_

STAFF ONLY \_\_\_\_\_

