

MAMMOGRAM QUESTIONNAIRE

To assist us in performing your mammogram today, we would appreciate you answering the following questions as honestly and as accurately as possible. In addition to answering the questions, please indicate any areas of tenderness or concern on the diagram on the back of this form (lumps, bumps, previous scars etc).

1. Is there any chance that you may be pregnant? Yes No
2. Have you had a mammogram previously? Yes No
*If yes, please advise **where** this was performed* _____
*and **when** this was performed* _____
3. Do you have any pain or discomfort in your breast(s)? Yes No
4. Are there any lumps in your breast(s) now? Yes No
5. Are you experiencing any discharge from your nipples? Yes No
If yes, what colour is the discharge? _____
6. Do you have any skin dimpling in or around your breast(s)? Yes No
7. Have you noticed any changes in your nipples? Yes No
If yes, please describe _____
8. Have you ever had breast surgery or a breast biopsy? Yes No
If yes, please tick the box(es) that apply to you

Previous Surgery	Right Breast	Left Breast
Benign Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
Partial Mastectomy	<input type="checkbox"/>	<input type="checkbox"/>
Mastectomy	<input type="checkbox"/>	<input type="checkbox"/>
Lymph Nodes Removed	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you have breast implants? Yes No
10. Are you taking, or have you used, hormone replacement therapy? Yes No
If yes, for how many years? _____
11. To your knowledge, is there any history of breast cancer in your family? Yes No
If yes, please advise the relationship of the person(s) to you (eg mother) _____
12. Have you ever breast fed your children? Yes No

PATIENTS NAME: _____

DATE: _____

