# MAMMOGRAPHY QUESTIONNAIRE

Rev 8-31-14

DATE_____ NAME_____ DATE OF BIRTH_____ AGE_____

1. □Yes □No Have you had a mammogram before? When:_____ Where:_____
2. □Yes □No Do you have any breast problem today? If yes, please explain:_____
3. □Yes □No Have you ever had breast cancer(s)? If yes, -name of oncologist:_____
   -which side(s)? □Right □Left -did you have a mastectomy? □Yes □No
   -age(s) at diagnosis:_____ -did you have radiation treatments? □Yes □No
4. □Yes □No Have you ever had a benign breast biopsy? If yes, side(s): □Right □Left When:_____
5. □Yes □No Breast surgery for other than cancer (e.g., implants, reduction, biopsy)? Why:_____ When:_____
6. □Yes □No Is there any chance you are pregnant? Date of last menstrual period:_____
7. □Yes □No Are you wearing body powder, deodorant, or lotion?
8. In addition to the doctor ordering today's mammogram, list any other doctor(s) you want to receive a report:_____

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**Family History** We ask your help in answering the following questions, which will allow Diagnostic Radiology Associates and your doctor to determine if you are at higher than average risk for developing breast cancer. If you are at high risk, you and your doctor will be informed, and you may benefit from genetic counseling. If you circle Y below, give the relationship of the family member and age of cancer diagnosis. Please consider the following blood relatives on your mother's and father's side:

**1st Degree Relatives** Mother / Father / Sister / Brother / Children
**2nd Degree Relatives** Aunt / Uncle / Grandparent / Niece / Nephew
**3rd Degree Relatives** Cousin / Great Grandparent / Great Aunt / Great Uncle

□Yes □No Have YOU or ANYONE in your family been tested for a Hereditary Cancer Syndrome (e.g., BRCA gene)? Result_____

| | | | FAMILY MEMBER | | | |
|---|---|---|---|---|---|---|
| | | BREAST & OVARIAN CANCER HISTORY | SELF | MOTHER'S SIDE | FATHER'S SIDE | Age at Diagnosis |
| Y | N | Have **you** had breast cancer diagnosed at age 45 or younger? | | ---------- | ---------- | |
| Y | N | Have **you** had breast cancer between ages 46-50 **AND** one additional family member with breast cancer at any age? | | | | |
| Y | N | Have **you OR anyone in your family** had breast cancer that is Triple Negative (ER-, PR-, HER2-) diagnosed at age 60 or younger? | | | | |
| Y | N | Have **you OR anyone in your family** had breast cancer in both breasts or more than once in the same breast? | | | | |
| Y | N | Have **you OR anyone in your family**, had male breast cancer diagnosed at any age? | | | | |
| Y | N | In **your family,** have any of your 1st or 2nd degree relatives had ovarian cancer at any age? | | | | |
| Y | N | In **your family**, have any of your 1st or 2nd degree relatives had breast cancer at age 45 or younger? | | | | |
| Y | N | In **your family**, were there 2 breast cancers on the same side of the family BOTH diagnosed at age 50 or younger? | | | | |
| Y | N | In **your family**, were there 3 or more breast and/or pancreatic cancers (can include yourself) on the same side of the family diagnosed at any age? | | | | |
| Y | N | Are you Jewish **AND** have you or anyone in your family had breast, ovarian, or pancreatic cancer at any age? | | | | |

Patient signature_____

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**Technologist Use Only** Tech:_____ Comparison Board #_____

MRN_____ **Genetic: □Yes □No □Already Had □Incomp**

□Screen □Diagnostic

| Digital / SC/DX / Report | Comments |
|---|---|
| _____/_____/_____ | _____ |
| _____/_____/_____ | _____ |
| _____/_____/_____ | _____ |
| _____/_____/_____ | _____ |
| _____/_____/_____ | _____ dig scr 8/22/05 |
| _____/_____/_____ | _____ all dig 6/18/07 |
| | Cerner rep 6/4/07 |
| Analog / SC/DX / Report | _____ Amicas 7/5/07 |
| _____/_____/_____ | _____ No jacket 5/12/08 |

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