M	A٦	лм()GR	APHY	OUESTI	ONN	IAIRE

Rev 01-23-17

D	TF		NAME	WWOOKAI III Q			i		ev 01-25-17					
			Have you had a mammogram b	efore?	When:		Where:							
		s □No Do you have any breast problem today?				lease explain:								
		□No Have you ever had breast cancer(s)? If yes, -name of oncologist:							_					
٥.		2110	-which side(s)? □Rig		1) 00,	-did you have a mastectom		□Yes	□No					
			-age(s) at diagnosis:			-did you have radiation trea	•	□Yes						
4	⊓Yes	⊓No	Have you ever had a benign bre		f ves. si	$de(s)$: $\Box Right \Box Left$								
			Breast surgery for other than ca		•	• • •								
			Is there any chance you are pre-			last menstrual period:								
			Are you taking hormone replace			-		•						
			Are you wearing body powder,			,.								
9.	9. In addition to the doctor ordering today's mammogram, list any other doctor(s) you want to receive a report:													
	Family History We ask your help in answering the following questions, which will allow Diagnostic Radiology Associates and													
	•		etermine if you are at higher than		-		• • • • • • • • • • • • • • • • • • • •							
-			I you may benefit from genetic co	•		•	•	•						
			. Please consider the following b	• •		•	s family meme	ici and ag	,0 01					
Cai	icci ui	agnosis	1 st Degree Relatives	Mother / Father / S										
			2 nd Degree Relatives	Aunt / Uncle / Gra										
			3 rd Degree Relatives		_	nt / Great Aunt / Great Uncle	<u>,</u>							
_7	7 ₀₀ ¬	No Uo	we YOU or ANYONE in your fa		-			Dogult						
	C5 🗆.	110 11a	ive 100 of ANTONE in your la	miny occir tested for a r	icicuita	FAMILY ME		KCSUIT	A					
		RRE	EAST & OVARIAN CANCER	HISTORY	SEL			SIDE	Age a					
Y	N		you had breast cancer diagnosed		JLL			<u> </u>						
Y	N		e you had breast cancer between											
1	11		litional family member with breas											
Y	N	Have y	you OR anyone in your family l	nad breast cancer that is	,									
		Trip	le Negative (ER-, PR-, HER2-) d	iagnosed at age 60 or										
			younger?											
Y	N	Have y	ou <u>OR</u> anyone in your family h		ı									
17	N.T.	Цопо т	breasts or more than once in the vou OR anyone in your family,		,									
Y	N	nave y	diagnosed at any a											
Y	N	In vou	r family, have any of your 1 st or		l l									
	• '		ovarian cancer at any	age?										
Y	N	In you	r family , have any of your 1 st or		l									
			breast cancer at age 45 or				<u> </u>							
Y	N		r family, were there 2 breast can		Ē									
Y	N		the family BOTH diagnosed at ag ir family, were there 3 or more b				+							
1	IN		ers (can include yourself) on the s											
		• • • • • • • • • • • • • • • • • • • •	diagnosed at any ag											
Y	N	Are y	ou Jewish AND have you or any											
			breast, ovarian, or pancreatic ca	ncer at any age?										
				1. 0		G 1								
W	hat is	best nu	mber to reach you for your res	ults?		Can we leave a message	e? □ Yes □ N	0						
ъ.	4• 4 -	• 4												
		_	re ************		*****	*******	******	*****	*****					
			Use Only Tech: Comp						Versional significant					
		Comments												
MRN Genetic: \(\text{ Yes } \subseteq \text{No } \alpha \text{Already Had } \subseteq \text{Incomp} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \														
⊔ 3	LICCII L	Diagnost	·)	(<u> </u>		dig scr	8/22/05					
									6/18/07					
			(6 / \	າ)				Cerner rep 6/4/07						
						Analog / SC/DX / Report		Amicas						
ъ.					_	//			et 5/12/08					