

MAMMOGRAPHY

YES NO

Do you have a **NEW** problem or lump in your breast today? YES NO

If yes, who found the problem: Yourself Your physician

Was your last mammogram at our facility? YES NO

If not, where and when: _____

Has your father / mother / sister / daughter ever had breast cancer? YES NO

At what age did you start your menstrual cycle? _____

Have you ever given birth? YES NO

If yes, how old were you when your first child was born? _____

Are you currently taking Tamoxifen / Nolvadex? YES NO

How many alcoholic beverages do you drink, on average, per day?

None Less than 1 1 2 3 4 More than 4

Have you ever taken birth control pills? YES NO

If yes, at what age did you start? _____ When did you stop? _____

Are you currently taking hormones? YES NO

Are you, or could you be pregnant? YES NO

Have you breast fed in the past 6 months? YES NO

Have you had a weight change of 10 pounds or more since your last mammogram?..... YES NO

Have you had any of the following breast procedures? Check 'none' or all that apply:

- None
- Breast biopsy (results NOT cancer) Both Right Left Date: _____
- Biopsy showing lobular carcinoma in situ Both Right Left Date: _____
- Lumpectomy (for cancer) Both Right Left Date: _____
- Mastectomy Both Right Left Date: _____
- Radiation therapy Both Right Left Date: _____
- Breast reduction Both Right Left Date: _____
- Breast implants Both Right Left Date: _____

Patient's Signature _____ Date _____ Reviewed By _____

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1813 W. Harvard Blvd., Suite 411 • Roseburg, OR 97471 • (541) 677-4418



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