

HCA OUTPATIENT SERVICES PATIENT INFORMATION / HISTORY SHEET

Last name: _____ First: _____ MI: _____ Date: _____
 Birth date: ___ / ___ / _____ Age: _____ Patient's Doctor: _____
 Last mammogram exam: ___ / ___ / _____ Where: _____
 Also send copy of report to : _____
 Phone number : (Home) _____ (Daytime) _____ SSN: _____

REASON FOR TODAY'S VISIT: _____ (Routine, Annual Screening, Baseline, Pain, Lump, etc)

Do you have a NEW breast lump? YES / NO Which Breast? Right / Left For how long? _____

Are you pregnant? Y N Last menstrual period _____

Have you nursed a baby in last 6 months? Y N Any nipple discharge? Y N Side: _____

Patient's history (insert age -- if appropriate)

Age of 1st Menstruation: _____ Birth control pills 1st use _____ last used _____ how long _____
 # of children : _____ Estrogen 1st use _____ last used _____ how long _____
 # children breast fed: _____ Progesterone 1st use _____ last used _____ how long _____
 Age at 1st full term pregnancy: _____ Anti-cancer drug 1st use _____ last used _____ how long _____
 Menopause: _____
 Hysterectomy: _____
 Ovaries removed L R B

Risk Factors for breast cancer (circle those which are applicable):

Personal history of breast cancer Personal history of gynecological cancer High risk lesion on prior biopsy
 Cancer elsewhere (other than breast) Never pregnant
 Aunt, grandmother, cousin had breast cancer First time child bearing after 30
 Mother, sister, post-menopausal had breast cancer Post-menopausal
 Pre-menopausal mother, sister or post-menopausal 1st degree relatives had breast cancer
 Risk Factor Unknown No family history of breast cancer

Breast procedures: (place checkmarks in the applicable fields)

	Right	Year(s)		Left	Year(s)
Aspiration			Aspiration		
Benign Biopsy			Benign Biopsy		
Implants			Implants		
Reduction			Reduction		
Lumpectomy			Lumpectomy		
Mastectomy			Mastectomy		
Radiation			Radiation		
Chemotherapy			Chemotherapy		

The most important aspect of acquiring a good mammogram is to use proper compression. It varies from no discomfort for some women to mild discomfort to some degree of pain with others. As a result of this compression, you may experience some mild aching, which can be relieved by buffered aspirin or Tylenol. We regret any discomfort you may feel.

It is important for you to understand the positive aspects to proper compression:

- It reduces the amount of radiation you receive
- It separates the breast tissue which allows for a deeper look into the breast
- It increases detail on the picture
- It helps to prevent motion on the film.

A mammogram is the best method of detecting breast cancer. However, approximately 10% of cancers do not show in mammograms. A very small percentage of lumps that can be felt may not be evident on mammography. It is important for you to do breast self-exams on a regular basis and receive a yearly breast exam by your doctor.

HIPAA and Release of old films:

I hereby give HCA Outpatient Imaging Services permission to obtain medical reports, including pathology reports (both past and future) from my referring physician. Should my old mammograms be needed for comparison, I give my consent for those films to be retrieved.

If you have not received your letter of results within two weeks of your mammogram, or do not understand the results, please contact your doctor.

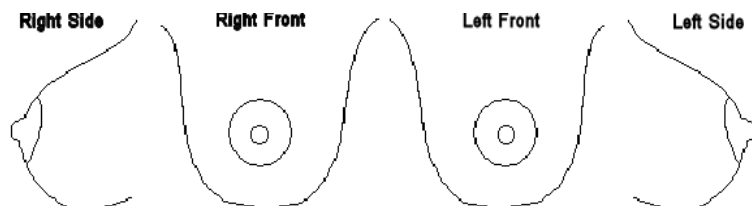
I give my permission for the examination to be performed. I have completed the above information accurately and understand the importance of proper compression and my responsibility for contacting my doctor if results have not been received within two weeks.

Date

Signature of Patient

Signature of Technologist

DO NOT WRITE BELOW --- TECHNOLOGIST ONLY



NOTES: _____

