Appomattox Imaging HCAVa AN HCA AFFILIATE | Chesterfield Imaging HCAVa AN HCA AFFILIATE | Independence Park Imaging HCAVa AN HCA AFFILIATE

BREAST IMAGING MEDICAL HISTORY

Patient Sticker

Last Mammogram Date: ___/___/___ Location: _____

Also send report to the following: _____

Your Phone #: Cell: (____) ____-_____ Other: (____) ____-_____

I provide permission to leave detailed message on voicemail (cell phone only): ☐ Yes ☐ No

Provide email address to receive results electronically _____

TODAY'S VISIT

Height: ___ ft. ___ in. Weight: _____ lbs.

☐ Routine/Annual Screening ☐ Baseline ☐ Pain ☐ Lump ☐ Other: _____

Questions pertinent to today's visit	Yes	No	
Do you have a NEW Breast lump?			Which Breast? ☐ LT ☐ RT How long? _____
Are you Pregnant?			
Have you nursed a baby in last 6 months?			
Do you have any nipple discharge?			Which Breast? ☐ LT ☐ RT
When was your last menstrual period?	Date: ___/___/___		

PATIENT HISTORY

Patient History	Age / #		Medication History	1st Use	Last Use	How Long
Age of 1st menstruation			Birth Control Pills			
Number of children			Estrogen			
Number of children breast fed			Progesterone			
Age AT 1st full term pregnancy			Anti-cancer drug			
Age AT Menopause						
Age AT Hysterectomy						
Hysterectomy: Ovaries removed ☐ LT ☐ RT ☐ BOTH						

RISK FACTORS (BREAST or GYN CANCER)

Personal history of breast cancer or gynecological cancer — If *YES*, location: _____

Personal history of cancer elsewhere _____

Gene Mutation _____

Indicate AGE at Diagnosis for all that are applicable						
History of	Mother	Sister	Daughter	Grandmother	Aunt	Cousin
Breast Cancer						
Ovarian Cancer						

Check if applicable

☐ Never pregnant
☐ First time child bearing after 30
☐ Risk factors unknown
☐ High risk lesion on prior biopsy

No family history of:

☐ Breast cancer
☐ Ovarian Cancer

BREAST PROCEDURES

Check and Indicate Year(s) for all that are applicable

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

OTHER INFORMATION

Do you have a removable continuous glucose-monitoring device? ☐ Yes ☐ No

MAMMOGRAPHY & COMPRESSION

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 & 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.

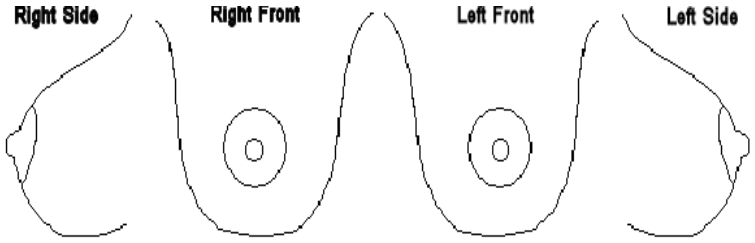
If you have not received your letter of results within two weeks of your mammogram, or do not understand the results, please contact your doctor.

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 **Patient Signature** **Technologist Signature**

DO NOT WRITE BELOW --- TECHNOLOGIST ONLY



NOTES: _____