



## MAMMOGRAM QUESTIONNAIRE

Name: \_\_\_\_\_ Age: \_\_\_\_\_ X-Ray No: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Radiologist: \_\_\_\_\_ Radiographer: \_\_\_\_\_

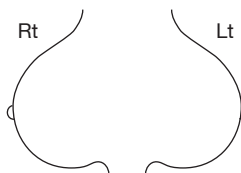
Reason for Examination: Routine/ \_\_\_\_\_

Previous Mammogram: Yes / No      Date/s: \_\_\_\_\_

### BREAST PROFILE

a. Lumps : Rt / Lt / No

b. Indicate area :



c. Discharge from nipple : Rt / Lt / No

d. Mastectomy : Rt / Lt / No

Date: \_\_\_\_\_

e. Biopsy / Aspiration : Rt / Lt / No

Date: \_\_\_\_\_

f. Lumpectomy : Rt / Lt / No

Date: \_\_\_\_\_

Nature: Benign / Malignant / Cyst

g. Silicon implant : Yes / No

h. No. of children : \_\_\_\_\_ Breast Fed : Yes / No

### MENSTRUAL HISTORY

i. Age at 1st menstrual period : \_\_\_\_\_ years

j. Last menstrual period : \_\_\_\_\_

k. Regular / Irregular / Menopause / Hysterectomy

### HORMONAL HISTORY

l. (Birth control pill / Oestrogen / Thyroid / Progesterone / Cortisone)

Indicate type / number of years : \_\_\_\_\_

m. Family history of cancer : Yes / No

If answer to (m) is yes, state relationship / type: \_\_\_\_\_

Patient's signature : \_\_\_\_\_