

Cool Springs Imaging Hillsboro Imaging

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Age: _____ Date of Birth: _____

SS#: _____ Height: _____ Weight: _____

Referring Physician: _____

What is the REASON you are having a breast imaging exam (please select one)?

This is a routine (screening) exam. I am not having any problems.

Do you have IMPLANTS? Yes No

Diagnostic Mammogram:

This is an additional exam requested from a recent study

This is a short interval follow-up requested from my last exam 1-11 months ago.

I have a personal history of breast cancer with breast conservation therapy.

I am having the following PROBLEM(S): (Circle R for Right or L for Left)

R L A new lump that can be felt

R L Bloody Discharge R L Nipple Problems

R L Non-Bloody Discharge R L Pain in the breast

R L Implant Problem R L Large nodes under my arm

R L Skin thickening or retraction

Previous Mammograms Yes No

Where? _____

When? _____

Check all of the following RISK FACTORS that are true for you:

No family history of breast cancer

Family history of breast cancer: (circle all that apply)

Personal History of Breast Cancer,

Mother, Sister, Grandmother, Daughter

Family history unknown

Have been through menopause (post-menopause)

Never had children (nulliparous)

Are you BRCA1 or BRCA2 Positive? Yes No

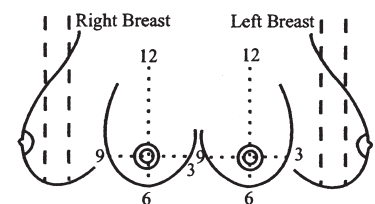
Have you ever received chemotherapy for any type of cancer? Yes No

Have you started or stopped taking HORMONES since your last Mammogram? Yes No

Menstrual History:

Age when periods started: _____ Age at first full term pregnancy: _____ Number of live births: _____

Age at hysterectomy: _____ Age at Natural Menopause: _____



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Permission is hereby given to Cool Springs Imaging/Hillsboro Imaging to obtain any films or records related to my previous mammography exam at other testing facilities or to obtain pathology reports as required by FDA/MQSA audit.

Signature of Patient _____

Date _____