DO NOT WRITE IN MARGIN

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Today's Date: _____ Referring Physician: _____

NAME: _____ ID#: _____

Date of birth: _____ Age: _____ Age at first period: _____

Are you pregnant? ❑ Yes ❑ No Age at first delivery: _____ Number of deliveries: _____

Have you had a hysterectomy? ❑ Yes ❑ No

Date of last menstrual period: _____ (if applicable) OR Age of menopause: _____

Do you take hormones: ❑ Yes ❑ No If yes, approximately how long? _____

CURRENT BREAST PROBLEMS

❑ None OR

❑ Lump	❑ Right	❑ Left	❑ Burning	❑ Right	❑ Left
❑ Tenderness	❑ Right	❑ Left	❑ Pain	❑ Right	❑ Left

❑ Nipple Secretion ❑ Right ❑ Left Color: _____

❑ Other Please describe: _____

RISK FACTORS

Have you had any kind of cancer? ❑ Yes ❑ No If yes, specify: _____

Family history of breast cancer?

❑ None OR

❑ Mother Age at diagnosis: _____

❑ Sister Age at diagnosis: _____

❑ Daughter Age at diagnosis: _____

❑ Other Age at diagnosis: _____

BREAST SURGERY

❑ None OR ❑ Biopsy	❑ Left Yr _____	❑ Right Yr _____
❑ Lumpectomy (cancer)	❑ Left Yr _____	❑ Right Yr _____
❑ Lumpectomy w/radiation	❑ Left Yr _____	❑ Right Yr _____
❑ Mastectomy	❑ Left Yr _____	❑ Right Yr _____
❑ Implants	❑ Left Yr _____	❑ Right Yr _____
❑ Reduction	❑ Left Yr _____	❑ Right Yr _____

PREVIOUS MAMMOGRAMS

❑ None OR Date of last mammogram: _____

Where was it done? _____

OFFICE USE ONLY

❑ Bilat	❑ Unl	❑ Right	❑ Left
❑ Baseline		❑ Follow Up	
❑ Screening		❑ Diagnostic	
❑ Sch. for sono		❑ CAD	

COMMENTS: _____

_____

_____

R.T.(R)(M) _____
TECHNOLOGIST

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MSJ-02450-183-1112

MISSION HOSPITAL

Mission Hospital, Inc.
Asheville, NC 28801

Breast History

C0000-116