assured IMAGING | a Rezolut company

MRN _____

Last Name	First Name	MI	DOB	Age	Sex ☐ F ☐ M	Self-Referred? ☐ YES ☐ NO

Doctor	Doctor Address	Doctor Phone

PATIENT HISTORY FORM - MAMMOGRAPHY

☐ First Mammogram Time since last mammogram _____ yrs _____ mos ☐ <1 mo Location:_____

Have you had the following?

☐History of breast cancer At age? ____

☐History of other cancer At age? ____

Type_____ Treatment_____

FAMILY history of BREAST Cancer: (Blood Relative)

☐Mother ☐Daughter ☐ Sister ☐Grandmother P/M ☐Aunt P/M

☐Father ☐Son ☐ Brother ☐Grandfather P/M ☐Uncle P/M

☐ BRCA gene ☐ Ashkenazi Jewish ☐ Other (non-immediate family member)

Gynecological History: ***Currently Pregnant?*** ☐NO ☐YES

Still In Menses? ☐NO ☐YES, Last Menstrual Period _____

Menopause? ☐NO ☐YES, At age _____

Hysterectomy? ☐NO ☐YES, At age_____ # of Live Births _____

Hormones: Are you currently taking hormones? ☐NO ☐YES

Type:_____ Duration:_____

Birth Control: ☐NO ☐YES Type:_____

Race/Ethnicity: ☐ Hispanic ☐ African American ☐Caucasian ☐Other (specify):

Smoking History:

☐Current every day smoker

☐Current some day smoker

☐Former smoker

☐Never smoker

☐Unknown if ever smoked

☐Smoker, current status unknown

☐Heavy tobacco user

☐Light tobacco user

Breast Surgical and Treatment History: List any procedures you may have had: result breast biopsy, excision, aspiration, cyst removal, lumpectomy, mastectomy, reduction, breast implants, other. Include date, type, side and result.

Current Symptoms/Complaints/Concerns:

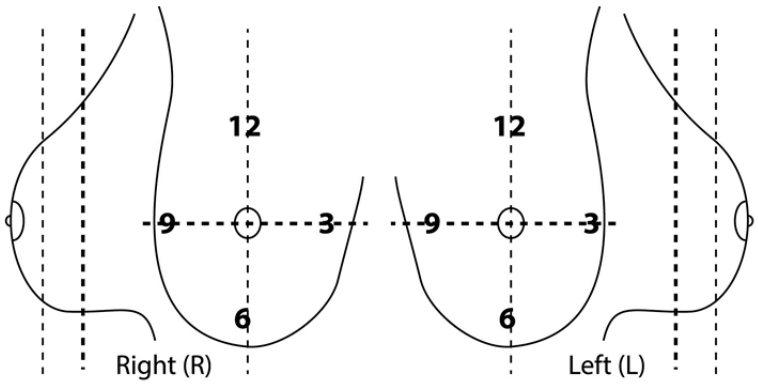
FOR TECHNOLOGIST USE ONLY:

Type: ☐ **Screening** ☐ **Diagnostic** **Side:** ☐ **R** ☐ **L** ☐ **B** **Date:** _____ **Tech:**_____

SCREENING CODE: ☐ 77067-3D ☐ 77067 OTHER:_____ *DIAG CODE:* ☐ 77066-3D ☐ 77066 ☐ 77065-3D ☐ 77065 OTHER:_____

 # Views: _____ **#TOMO:** _____ ☐ **BASELINE** ☐ **TECH REPEAT**

☐ **Routine Views** ☐ **Special Views** ☐ **Implant Disp.** ☐**Digital** ☐**3D**



Comments: