

Arrived by: _____ Checked by: _____

MAMMOGRAPHY QUESTIONNAIRE (Please circle and fill in all the way across the page)

Which doctor sent you for your mammogram today? _____

Are you having any other exams at Asheville Imaging today? No Yes

Have you had a mammogram? No Yes Where _____

Any needle biopsies? No Yes Right-When _____ Left-When _____

Any breast surgery?

Biopsy (Benign) No Yes Right-When _____ Left-When _____

Lumpectomy(Cancer) No Yes Right-When _____ Left-When _____

Mastectomy (Cancer) No Yes Right-When _____ Left-When _____

Chemotherapy for breast cancer No Yes When _____

Radiation Therapy for breast cancer No Yes When _____

Tamoxifen No Yes Start _____ to _____

Have you had breast reduction surgery? No Yes When _____

Family history of breast cancer? No Yes Who _____ Before 50 / After 50

Cancer in any other area of your body? No Yes When _____ Where _____

Do you take hormones now? No Yes What kind _____ How long _____

Have you taken hormones in the past? No Yes Start _____ to _____ What kind _____

Any **NEW** breast problems? No Yes Describe :
(Example- lump, discharge, skin changes) Right _____
Left _____

Do you have breast implants? No Yes When _____ What kind _____

If yes, please sign consent at the end of page.

Patient Signature _____ Date _____

Email Address _____

MAMMOGRAPHY CONSENT FOR PATIENTS WITH BREAST IMPLANTS

Because you have breast implants, it is necessary for us to use a different mammogram procedure. One series of four films is made with the implant mildly compressed. A second series of films is made with the implant “ pushed back”. This approach minimizes the risk of rupturing the implant.

However, in spite of these precautions, implant rupture may rarely occur with mammography. Because removal or replacement of breast implants may not be covered by your health insurance, you may be required to pay for these medical services if this complication occurs. We hope you will agree that the benefit of mammography outweighs the small risk of implant rupture.

I, _____ authorize Asheville Imaging to perform mammography.
Patient Signature

Technologist Signature

Date