

Patient Screening Questionnaire for Mammography and Breast Ultrasound

Please circle responses and provide information as needed

Previous Mammogram? **Yes or No** Date: _____ Location: _____

Please fill out the opposite side to request prior studies if not with Northern Arizona Radiology (NAR)

Do you have a Family history of Breast Cancer or Ovarian Cancer? **Yes or No**
Relationship and approximate age at diagnosis _____

Why are you here for Mammography or Breast Ultrasound today?

Do you have any concerns regarding either of your breasts? **Yes or No**
If Yes, Please explain concerns _____

Do you feel a lump or abnormality in either of your breasts? **Yes or No**
If Yes, which breast? **Right Left Both** Where? _____

Does your medical practitioner feel a lump or other abnormality in either of your breasts? **Yes or No**
If Yes, which breast? **Right Left Both** Where? _____

Do you have pain in either breast? **Yes or No**
If Yes, is this **new** onset of pain? **Yes or No** Is the pain **focal or diffuse**? Which breast? **Right Left Both**
Where is the pain located in your breast? _____

Are you experiencing any nipple discharge? **Yes or No**
If Yes, which breast? **Right Left Both** **Bloody discharge or other discharge** _____

Do you have any other problems or concerns with your breasts? **Yes or No**
If Yes, which breast?, **Right Left Both** Please explain concerns _____

Have you ever had any of the following?

Breast enlargement or Implants?	Yes or No	Which breast?	Right	Left	Both	
Breast Reduction?	Yes or No	Which breast?	Right	Left	Both	
Breast Biopsy?	Yes or No	Which breast?	Right	Left	Both	
Breast Cancer or Pre-Cancer?	Yes or No	Which breast?	Right	Left	Both	
If yes, what type of surgery did you have?		Mastectomy	Lumpectomy	Right	Left	Both
Did you undergo Chemotherapy or hormone therapy (Tamoxifen) for this cancer?					Yes or No	
Radiation therapy for this cancer?					Yes or No	

Patient Signature: _____ **Date** _____

Printed Name: _____

Would you prefer to have your patient letter and reminder letters emailed? **Yes or No**
If yes, please provide your email address _____

Tech Comments: _____

Tech: _____ MRS Updated _____