

Patient Name _____ Date ____/____/____ Age _____ Sex _____
Race _____ Physician _____ Previous Mammogram Date ____/____/____ Facility Mammogram Performed _____

PATIENT HISTORY

Implants? Yes No Age first period began? _____
Do you still have periods? Yes No Date of last period? ____/____/____
Age of first birth? ____/____/____ Hysterectomy? Yes No
Are you post-menopausal? Yes No Do you take hormones or birth control pills? Yes No
Have you ever been diagnosed with breast cancer? Yes No

FAMILY HISTORY OF BREAST CANCER

Mother Yes No Daughter Yes No Sister Yes No
Other Yes No If yes, what relation? _____

CLINICAL HISTORY

Have you ever had breast surgery? Yes No If yes, what kind of breast surgery? (Check all that apply)
 Biopsy Right Left Date ____/____/____
 Mastectomy Right Left Date ____/____/____
 Lumpectomy Right Left Date ____/____/____
 Reduction Right Left Date ____/____/____
 Implant Right Left Date ____/____/____

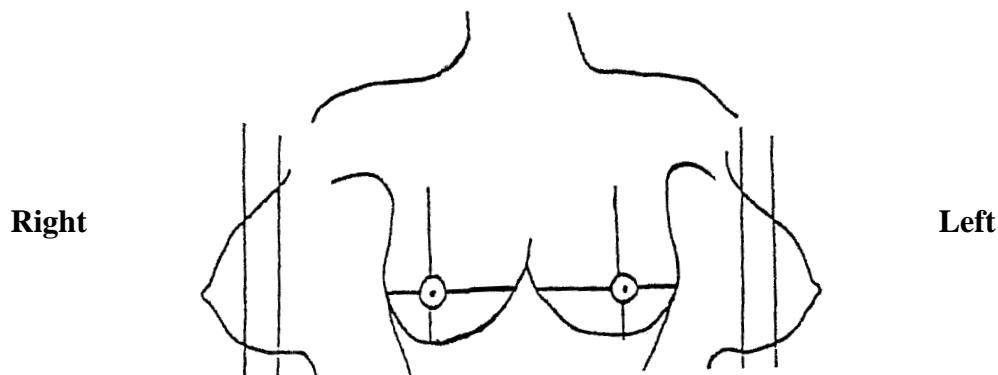
BREAST SYMPTOMS

Burning? Yes No
Tenderness? Yes No
Nipple Discharge? Yes No
Lumps? Yes No
Nipple Inverted? Yes No

OUTSIDE APPEARANCE OF BREAST

Skin Growths? Yes No
Moles? Yes No
Scars? Yes No

Duration of these problems? _____



Our Equipment and Personnel:

- The mammography equipment at Fleming County Hospital is accredited by the American College of Radiology and the FDA.
- Each technologist is registered with the American Registry of Radiologic Technologists and/or has met the personnel standards by the FDA, with specialized education in mammography.
- A Board Certified Radiologist, accredited by the ACR and FDA, will interpret your mammographic images.

Important Patient Information:

- Screening mammography is important to your ongoing health. We strongly recommend that self breast examination and an annual clinical examination by your physician be part of your preventive practices. The American Cancer Society and the American College of Radiology have established guidelines for the interval and frequency of mammograms. We recommend that you adhere to these guidelines for your age group. The guidelines are as follows:
 - At age 35-39, baseline mammograms
 - Age 40 +, a mammogram every year
- It is important to compare previous mammograms to your current mammograms for correct interpretation. It is the responsibility of each patient to inform us of any prior mammograms and their location so they may be obtained for comparison.
- It is the responsibility of the patient to inform any new medical doctor or new provider of screening mammography, the date and place of previous mammograms.
- It is the responsibility of the patient to obtain any necessary pre-authorization required by your insurance prior to performance of the screening mammogram and any additional studies.
- Your original mammogram films and copy of the report are part of your medical record, which is stored at Fleming County Hospital.
- Mammography is the most accurate method of detecting early breast cancer; however, it is not 100% effective. One of ten (10%) of cancers may not be visible on mammography but may be detectable by physical examination. Therefore, a recent breast examination by a physician is strongly recommended.

Patient Signature

_____/_____/_____
Date