



### Mammography Questionnaire

Patient \_\_\_\_\_ Date \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Doctor \_\_\_\_\_

Yes    No

\_\_\_    \_\_\_    Have you ever had a mammogram? If yes, date and location of last mammogram: \_\_\_\_\_

\_\_\_    \_\_\_    Do you have children? Number of pregnancies: \_\_\_ How old were you when your first child was born? \_\_\_\_\_

\_\_\_    \_\_\_    Did you breast feed your children?

\_\_\_    \_\_\_    Do you have menstrual periods? How old were you when your menstrual periods began?

\_\_\_    \_\_\_    Is there a chance you could be pregnant?

\_\_\_    \_\_\_    Do you have breast implants?

\_\_\_    \_\_\_    Have you had a breast reduction?

\_\_\_    \_\_\_    Have you ever had a breast biopsy or cyst aspiration?

\_\_\_    \_\_\_    Have you ever been diagnosed with breast cancer?  
If yes, which breast? \_\_\_ At what age were you diagnosed? \_\_\_\_\_

\_\_\_    \_\_\_    Have you ever had nipple discharge?

\_\_\_    \_\_\_    Do you have breast pain or tenderness?

\_\_\_    \_\_\_    Are you taking birth control pills or shots?

\_\_\_    \_\_\_    Are you taking hormones?

\_\_\_    \_\_\_    Are your nipples inverted?

\_\_\_    \_\_\_    Has any member of your family had breast cancer? If yes, whom?  
At what age were they diagnosed?  
\_\_\_\_\_

**Reason for visit:**

- \_\_\_\_\_ Routine (yearly/wellness)
- \_\_\_\_\_ Breast lump \_\_\_Rt    \_\_\_Lt
- \_\_\_\_\_ Nipple discharge
- \_\_\_\_\_ Breast pain or tenderness
- \_\_\_\_\_ Short term follow-up (3-6 months)

Reference: ISO 9001:2015

Formulated: 9-13

Reviewed/Revised: 12/15 8/16 7/19

Approved by: Forms Committee

### REVISION HISTORY

Author	Revision Date	Page #	Summary of Changes
G. Stone	9/22/2013	p. 1	Revision table added. Header and footer edited to add logo.
G. Stone	12-01-15	P.1,2	Reviewed/Revision Date Changed
<b>G. Stone</b>	<b>8-25-16</b>	<b>p. 1,2</b>	<b>Added formulation date to footer</b>
A. Williams	<b>7/2019</b>	<b>p.1</b>	<b>Reviewed</b>