

**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

Have you ever been diagnosed with breast cancer?  Y  N Date: \_\_\_\_\_  R  L Breast  
 Do you have a family history of breast cancer? If yes, who? \_\_\_\_\_

**Date of your last mammogram:** \_\_\_\_\_  
 Was it:  Normal  Abnormal  Suspicious  Watchful -  R  L Breast

**Date of your last breast ultrasound:** \_\_\_\_\_ Were both breasts imaged?  Y  N  
 Was it:  Normal  Abnormal  Suspicious  Watchful -  R  L Breast

**Was a follow up biopsy recommended after your LAST mammogram, ultrasound, or MRI?**  Y  N

Date of last breast exam by a doctor: \_\_\_\_\_  Normal  Lump  Thickening -  R  L

**Any tests recommend after this last breast exam? (ex. mammogram)** \_\_\_\_\_

Date of any breast biopsies: \_\_\_\_\_  R  L Breast

What was found on the biopsy?  Cancer  Other \_\_\_\_\_  R  L Breast

Any breast surgeries? Date and what was done? \_\_\_\_\_  R  L Breast

Have you had a mastectomy?  Complete  Partial Date: \_\_\_\_\_  R  L Breast

Was the nipple removed?  Y  N Was the surface skin of the original breast entirely removed?  Y  N

Any breast reconstruction? What was done? (ex. trans flap, implant) \_\_\_\_\_  R  L Breast

Any breast radiation treatment? Date of last treatment \_\_\_\_\_  R  L Breast

Are you currently pregnant?  Y  N

Are you currently nursing?  Y  N

**Are you CURRENTLY experiencing any of the following with your breasts:**  None

Lump  Thickening (date found \_\_\_\_\_; found by  Self breast exam  Doctor exam)

Pain:  Dull  Sharp  Burning  Stinging  Tenderness  The pain changes with my cycle

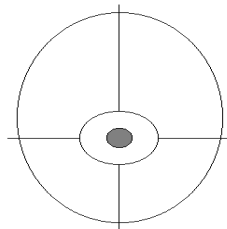
Thickening  Skin changes ( Color  Texture  Over the lump)

R  L Nipple discharge ( Bloody  Milky  Clear  Through 1 duct  Through multiple ducts)

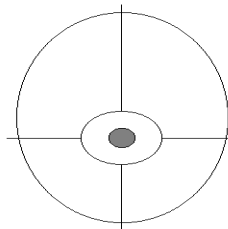
R  L Nipple retraction ( For many years  Recently)  R  L Nipple changes ( Color  Texture)

Other \_\_\_\_\_

Place an [ O ] on the diagram in the area of the **lump**. [ M ] for a **finding on your mammogram / ultrasound / MRI**. [ W ] for an **area being watched**. [ X ] in the area of **pain, tenderness, or skin changes**. [ # ] in the area of **thickening**. [ +++ ] in the area of a **scar**



**RIGHT**



**LEFT**

**Re-Exam**

High T: \_\_\_\_\_ Low T: \_\_\_\_\_

Tech: \_\_\_\_\_

Pt T = \_\_\_\_\_ F Rm T = \_\_\_\_\_ C  R  L Nipple retraction  R  L Areola traction SLQ SMQ ILQ IMQ

R  L Skin surface bulge or dimple SLQ SMQ ILQ IMQ  R  L Skin changes SLQ SMQ ILQ IMQ

R  L Nipple changes ( Color  Texture)  R  L Nipple discharge ( Bloody  Milky  Clear - S M)