



MAMMOGRAPHY QUESTIONNAIRE

Patient Name: _____ Date: _____

1. When was your last mammogram? _____
Where was your last mammogram? _____

2. Are you currently having any breast problems or symptoms? [] R [] L [] Yes [] No
If NO, go to question #3.

If YES, please indicate which problems and which breast:
Breast Lump? [] R [] L [] Yes [] No
Pain or Tenderness? [] R [] L [] Yes [] No
Nipple Discharge? [] R [] L [] Yes [] No
Other? _____ [] R [] L [] Yes [] No

3. Have you ever had breast cancer? [] R [] L [] Yes [] No

4. Have you ever had a breast biopsy or needle aspiration for benign breast disease? [] R [] L [] Yes [] No
If yes, please check: [] Fibrocystic [] Infection [] Fibroadenoma [] Other

5. Has your mother, sister, or daughter ever had breast cancer? [] Yes [] No
If yes, please circle which relative.
Has a distant relative (i.e. aunt, grandmother) ever had breast cancer? [] Yes [] No

6. Were you over 30 years old when you had your first child? [] Yes [] No

7. Are you currently, or have you ever taken:
Hormone Replacement Therapy (HRT)? [] Yes [] No
Birth Control Pills? [] Yes [] No

8. Other things we need to know:
Radiation Therapy? [] Yes [] No
Breast Reduction? [] Yes [] No
Breast Augmentation? [] Yes [] No
Other: _____

9. Please mark any scars, moles, or palpable masses on the diagram.

