Priority Radiology

Screening Mammography Patient Worksheet

Patient ID:_____
(**for office use only**)

Name: _____ _____ Date: _____
      Last   First   MI

Address: _____
       Street   City, St.   Zip

Age _____ DOB_____ _____ Home Phone: _____ Cell Phone: _____

Ordering Physician: _____ ____ Primary Care Physician: _____

___No ___Yes   **Have you had a prior mammogram?**
If yes, please give date and facility where last mammogram was performed _____

___No ___Yes   **Are you having any breast problems?**
If no, please initial: _____

If yes, please specify:

	Right	Left	Explain
Lump:	____	____	_____
Discharge:	____	____	_____
Pain	____	____	_____
Skin Changes	____	____	_____
Other	____	____	_____

___No ___Yes   **Is your appointment today the result of these problems?**

___No ___Yes   **Have you had breast cancer?**
If yes, which breast? _____

___No ___Yes   **Has Any blood relative had breast cancer BEFORE age 50?**
If yes, check all that apply and list age at diagnosis:
Mother _____ Sister _____ Daughter _____ Other _____After Age 50: _____

___No ___Yes   **Have you had breast surgery?**
If yes, please give dates for the following:

Circle:	Right	Left
Cyst Aspiration	_____	_____
Needle Biopsy	_____	_____
Surgical Biopsy	_____	_____
Lumpectomy (for cancer)	_____	_____
Mastectomy	_____	_____
Radiation Therapy	_____	_____
Implants	_____	_____
Reduction	_____	_____

___No ___Yes   **Are you presently taking hormone replacement?**
If yes, how long? _____

___No ___Yes   **Are you pregnant?**

Please check all of the following that are true for you:

____ I do not know my personal breast cancer history
____ I have had endometrial cancer
____ I have had ovarian cancer
____ I have the BRCA 1 gene mutation
____ I have the BRCA 2 gene mutation

____ A family member has had ovarian cancer

____ I have been through menopause
____ I have never had children
____ I had my first child after age 30
____ I have had previous chest radiation therapy
____ I have had a previous breast biopsy that showed a high risk lesion

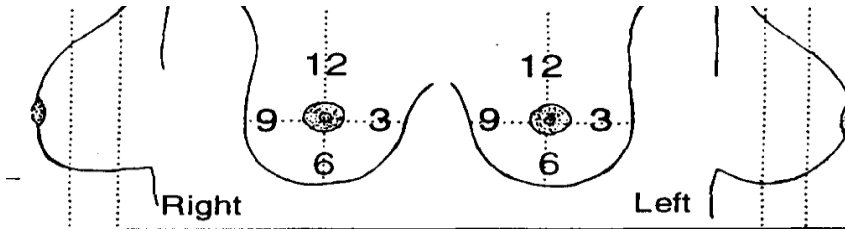**Signature**_____ **Date**_____

2D	3D

PATIENT NAME:

PATIENT ID:

PREVIOUS YEAR DENSITY:

SCREENING / DIAGNOSTIC Mammography Worksheet

Study Date_____   Ref. MD_____

Technologist:_____   # of films:_____   # of Repeats _____

☑ **Computer Aided Detection was used to aid interpretation**.

Does the patient report any new problems with her breasts?   ☐ **No** ☐ **Yes**

Explain:_____

PLEASE DICTATE – BREAST DENSITY, COMPARISON DATES, AND BIRADS CATEGORY

Breast Density: ☐ Extremely dense   ☐ heterogeneously dense   ☐ scattered fibroglandular densities   ☐ fatty

Comparison dates:_____ or ☐ None, Baseline study   or   ☐ None, prior study not available

☐ PR   ☐ FMH   ☐ CMH   ☐ HCH   ☐ Other: _____

Impression: ☐ Normal screening mammogram or ☐ stable exam without mammographic signs of malignancy

BI-Rads Assessment; 1, 2, 0

_____

Sample Template for abnormal or diagnostic:

Findings: ☐ #1 There is a _____mm (mass, asymmetric density, focal asymmetry, architectural distortion, or area of calcification) in the (UOQ, UIQ, LIQ, LOQ, upper, lower, lateral, medial, central, retroareolar) (right, left) breast, _____ cm from the nipple that is (incompletely evaluated, stable).

☐ #2 There is a _____mm (mass, asymmetric density, focal asymmetry, architectural distortion, or area of calcification) in'
the (UOQ, UIQ, LIQ, LOQ, upper, lower, lateral, medial, central, retroareolar) (right, left) Breast, _____cm from the nipple that is (incompletely evaluated, stable).

☐   (New, stable) post-biopsy change with architectural distortion in the (right, left, both) breast (s)

☐   Biopsy clip(s) in the (right, left, both) breast(s) is/are (new, stable)

☐   (Scattered benign, vascular) calcifications (in the right, left, both) breast(s) are (new, stable)

☐   Bilateral   (silicone, saline) breast implants are present

☐ The contralateral   ☐ right   ☐ left   breast is   ☐   stable   ☐ unremarkable

Impression: ☐ findings as above

Comments:_____

BI-Rads Assessment and recommendations:

> **1: Negative**   **2: Benign findings**
> **3: Probably benign**   **4: Suspicious abnormality**
> **5: Highly suggestive of malignancy**   **6: Known Biopsy- Proven Malignancy**
> **0: Incomplete assessment- need additional imaging and/or prior mammograms for comparison**

Radiologist: _____