Screening Mammography Patient Worksheet

Patient ID: ____________  
(for office use only)

Name: ______________________________________________________

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:

<table>
<thead>
<tr>
<th>Right</th>
<th>Left</th>
<th>Explain</th>
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___ 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, give dates for the following:

<table>
<thead>
<tr>
<th>Circle:</th>
<th>Right</th>
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<tbody>
<tr>
<td>Cyst Aspiration</td>
<td></td>
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<tr>
<td>Needle Biopsy</td>
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<tr>
<td>Surgical Biopsy</td>
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<td>Lumpectomy (for cancer)</td>
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<tr>
<td>Mastectomy</td>
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<td>Radiation Therapy</td>
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<td>Implants</td>
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<td>Reduction</td>
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___ 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  ______________________
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 BI-RADS 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: ______________________________