



HM2306

PATIENT HISTORY SHEET

HMH HMSJ HMSL HMSC HMSTJ HMWB HMW HMTW

MAMMOGRAM HISTORY

First Mammogram Y N

Date of last Mammogram _____

Location of prior Mammogram _____

ANY POSSIBILITY OF PREGNANCY?

YES NO

Date of Last Menstrual Cycle:

PATIENT BREAST COMPLAINT/REASON FOR EXAM

NONE

Lump Right Left Axilla Duration _____

Nipple Discharge Right Left Duration _____

Other Breast Specific Concern _____

PATIENT HISTORY (Check all that apply)

Breast Cancer Gene _____

Previous Chest Radiation Therapy Date: _____

Ovarian Cancer

Previous Breast High Risk Lesion

ADH (Atypical, Hyperplasia) LCIS

Other Cancer Diagnosis: _____

FAMILY HISTORY OF BREAST CANCER

Age at Diagnosis of Breast Cancer in:

None

Mother _____

Sister(s) _____

Aunt(s) _____

BREAST CANCER HISTORY (Check all that apply)

Mastectomy Right Left Date _____

Lumpectomy Right Left Date _____

Radiation Therapy Right Left Date _____

Reconstruction Right Left Date _____

BENIGN BREAST SURGERY / BIOPSY HISTORY (Check all that apply)

Surgical Biopsy Right Left Date _____

Reduction Right Left Date _____

Breast Lift Right Left Date _____

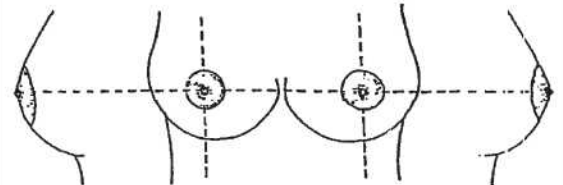
Implants Right Left Date _____

Implant Removal Right Left Date _____

Do not write in this box

RIGHT

LEFT



Scars: Line

Lumps: Triangle

Moles: Circle

