

NYU Breast Imaging Center

Mandatory Patient Information

TODAY'S DATE: _____

Last Name: _____ First Name: _____ Date of Birth _____
Any Previous Last Name: _____ Height: _____ Weight: _____ Phone (H) _____ (W) _____
Date of LAST MAMMOGRAM _____ Where? _____

What is the reason for having this breast exam?

- This is a routine exam. I AM NOT HAVING ANY BREAST PROBLEMS.
- This is a short interval follow-up requested from my last exam (1-11 months ago).
- I have BREAST IMPLANTS, but I am not having any problems. Type of implant: _____
- I am not having an exam. I would like my outside study reviewed by your radiologist.
- I HAVE CANCER OTHER THAN BREAST. Date _____ Location: _____
- I am having the following NEW PROBLEMS (S): (Check R for right or L for left)
 - NEW lump that can be felt R L Breast pain R L
 - Other NEW thickening R L Nipple problem R L
 - Bloody nipple discharge R L Non-bloody spontaneous nipple discharge R L
 - Other _____ R L Large nodes under my arm R L

DATE OF LAST PHYSICAL BREAST EXAM PERFORMED BY YOUR PHYSICIAN _____ (must be completed)

DATE OF LAST MENSTRUAL CYCLE : _____

Age when periods started _____ Number of live births _____

Age at first full-term pregnancy _____ Age at natural menopause _____

Age at hysterectomy _____ ARE YOU PREGNANT ? _____

Were ovaries removed ? Yes No Are you currently breastfeeding ? Yes No

Are you taking any of the following? Yes No

- Hormonal Contraceptives? Last date taken _____
- Estrogen Replacement Therapy? Last date taken _____
- Progesterone? Last date taken _____
- Tamoxifen? Last date taken _____

IMPORTANT: Check the following THAT ARE TRUE FOR YOU:

- I HAD PRIOR CANCER OTHER THAN BREAST. Date _____ Cancer type (Location) _____
- I have had breast cancer. R L
- I do not know my family cancer history.
- No one in my family has had breast or other cancer.
- My aunt, grandmother, cousin had breast cancer.
- My mother, sister had breast cancer after their periods had stopped. Age at diagnosis _____
- My mother, sister had breast cancer while they were still having their periods. Age at diagnosis _____

Have you ever been diagnosed or treated for breast cancer ?

- R L Excisional biopsy Date: _____ Yes No
- R L Lumpectomy Date: _____ Benign Malignant
- R L Mastectomy Date: _____
- R L Chemotherapy Date: _____
- R L Radiation Therapy Date: _____

Have you had any other type of breast surgery ?

- R L Breast Reduction Date: _____ Yes No
- R L Breast Implants Date: _____
- R L Cyst Aspiration Date: _____
- R L Needle biopsy Date: _____
- R L Excisional biopsy Date: _____

I understand it is my responsibility to have all my prior mammogram and breast ultrasound films available within 72 hours or as soon as possible for comparison with the mammogram/ultrasound exam being performed today.

Not For Patient Use:

Radiologist: TF CH DL JL CM LM CS HT

Reviewed by Tech (initials): _____