MAMMOGRAPHY WORKSHEET

Last ______ First ______ MI ___ DOB ______

Demographics

Home phone ______ Work phone ______ x ______

Address ______

City ______ State ____

Zip ______ Country ____

Sex ☐ Female ☐ Male Weight ____ lbs

Height ___ ft ____ in

Ethnicity ______

Hispanic ☐ Yes ☒ No

Personal Risk Factors

	at Age		at Age
☐ Breast cancer gene		☐ History of endometrial cancer	
☐ History of breast cancer		☐ History of high-risk lesion	
☐ History of ovarian cancer		☐ History of colon cancer	

Family History of Cancer

Relative	at Age	Pre-menopause
		☐
		☐

Gynecological History

First menstrual period at age ____ Number of live births ____ First full-term pregnancy at age ____

Menopause at age ____ Left ovary removed at age ____ Right ovary removed at age ____

Hysterectomy at age ____

Breast Surgical and Treatment History

Include date, type, and result ______

Breast Implants

☐ Right	Date ______	☐ Silicone Gel	☐ Saline	☐ Combination	☐ Pre-pectoral	☐ Retro-pectoral
☐ Left	Date ______	☐ Silicone Gel	☐ Saline	☐ Combination	☐ Pre-pectoral	☐ Retro-pectoral

Hormone History

	Currently Using	Age at First Use	Age at Last Use	Duration of use
Oral Contraceptives	☐			____ yrs ____ mos
Estrogen	☐			____ yrs ____ mos
Progesterone	☐			____ yrs ____ mos
Tamoxifen	☐			____ yrs ____ mos
Raloxifene	☐			____ yrs ____ mos
Unspecified hormones	☐			____ yrs ____ mos

Current Complaints/Symptoms

______

☐ Baseline mammogram Time since last mammogram ____ yrs ____ mos ☐ <1 mo Last menstrual period ______