PATIENT INFORMATION

Patient Name: (Last, First, MI) DOB: Age: Sex: F M

Ordered by:

Has any breast imaging been performed at another facility? Y N Facility:

If YES, do you have a CD with your images? Y N

Date of Last Mammo: Date of last Breast Ultrasound: Date of last Breast MRI:

MENSTRUAL

Age at 1st period: Are or Could you be Pregnant Now? Y N

Last Menstrual Cycle: Number of Pregnancies:

Age of Menopause or Oophorectomy: Number of Live Births:

Age at 1st Pregnancy: Currently Nursing? Y N

MEDS HORMONES

Are you currently on Estrogen Replacement Therapy? Y N

Are you taking any of the following medications?

☐ Estrogen ☐ Estrogen Cream ☐ Progesterone ☐ Birth Control ☐ Tamoxifen ☐ _____

REASON FOR THIS EXAM

L	R		L	R	
☐	☐	Nipple Discharge (Non-Bloody)	☐	☐	Enlarged Lymph Node Glands
☐	☐	Nipple Discharge (Bloody)	☐	☐	Pain
☐	☐	Nipple Abnormality	☐	☐	Skin Thickening
☐	☐	Breast Lump — felt by: ☐ YOU ☐ YOUR DR.	☐	☐	Known Breast Cancer
☐	☐	Abnormal Mammogram	☐	☐	Abnormal Ultrasound
☐	☐	Breast Implant Integrity	☐	☐	Pre-Radiation Therapy
☐	☐	Hx of Benign Breast Biopsy	☐	☐	Difficult Physical Exam

PERSONAL CANCER

Are you CURRENTLY being treated for Breast Cancer? Y N SIDE: R L

Type: Diagnosis Year:

Have you ever had Radiation Therapy to the Breast? Y N SIDE: R L Date:

Have you ever had Chemotherapy to the Breast? Y N SIDE: R L Date:

Neoadjuvant Chemotherapy? Y N

Have you ever been diagnosed with any other cancer OTHER THAN Breast Cancer: Y N

Type: Date:

Treatment:

PREVIOUS TREATMENTS

L	R		L	R	
☐	☐	Lumpectomy – Year:	☐	☐	Implants – Year:
☐	☐	Mastectomy – Year:			☐ Saline ☐ Silicone
☐	☐	Reconstruction – Year:	☐	☐	Biopsy Surgical or Image Guided
☐	☐	Cyst Aspiration – Year:			☐ Left- year: ☐ Right- year:
☐	☐	Mammotome – Year:	☐	☐	Pathology Results
☐	☐	Breast Reduction – Year:			

PERSONAL RISK FACTORS

Breast Cancer Gene List Types:

☐ History of Endometrial Cancer

☐ History of Ovarian Cancer

☐ History of Breast Cancer

☐ History of Colon Cancer

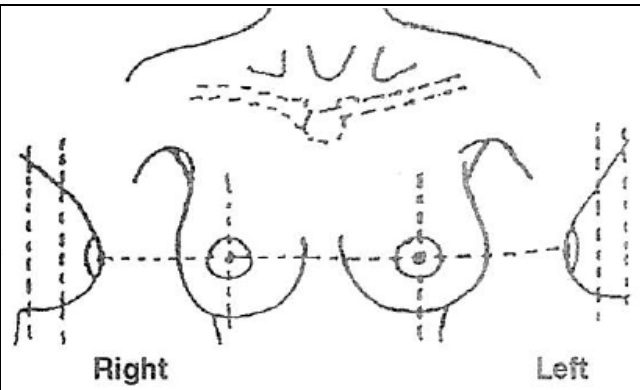
☐ History of high-risk lesion

History of Breast Cancer in your family? Y N

Relative: Age of diagnosis:

Relative: Age of diagnosis:

PHYSICAL FINDINGS



Signature Date Time

McLaren NORTHERN MICHIGAN

MRI Breast Questionnaire

MNM 721.298

R (4/7/2020)