



MAMMOGRAM QUESTIONNAIRE


Reason for Examination: Routine/ _____

Previous Mammogram: Yes / No Date/s: _____

Radiologist: _____ Radiographer: _____

BREAST PROFILE

a. Lumps : Rt / Lt / No

b. Indicate area : 

c. Discharge from nipple : Rt / Lt / No Date: _____

d. Mastectomy : Rt / Lt / No Date: _____

e. Biopsy / Aspiration : Rt / Lt / No Date: _____

f. Lumpectomy : Rt / Lt / No Date: _____

Nature: Benign / Malignant / Cyst

g. Silicon implant : Yes / No

h. No. of children : _____ Breast Fed: Yes / No

MENSTRUAL HISTORY

i. Age at 1st menstrual period : _____ years

j. Last menstrual period : _____

k. Regular / Irregular / Menopause / Hysterectomy

HORMONAL HISTORY

l. (Birth control pill / Oestrogen / Thyroid / Progesterone / Cortisone)

Indicate type / number of years : _____

m. Family history of cancer : Yes / No

If answer to (m) is yes, state relationship / type : _____

I hereby declare that the information provided above is accurate and to the best of my knowledge.

Patient's signature: _____ Date: _____