3200292

BAILEY MEDICAL CENTER
OWASSO, OKLAHOMA 74055

IMAGING DEPARTMENT
MAMMOGRAPHY SCREENING
200292 (05/09)

Name _____ Home Phone _____ Alternate Phone _____

Address _____ City _____ State_____ Zip _____

Referred by _____ Phone: _____ Fax: _____

Are you currently taking Birth Control Pills: Yes____ No____ Years taken _____

Have you ever taken Birth Control Pills: Yes____ No____ Years taken _____

Are you currently taking any type of Hormone Replacement Therapy (HRT): Yes____ No____

If Yes, please list type and years taken. _____

Have you ever taken any type of Hormone Replacement Therapy (HRT): Yes____ No____

If Yes, please list type and years taken. _____

Age menstrual cycles started _____ Menopause at age _____ Hysterectomy at age _____

Number of Pregnancies _____ Age at first pregnancy _____ Number of live births _____

Number of children you nursed more than 1 month _____

Have you ever had any blunt trauma to the chest? Yes____ No____ Year _____

Do you have a family history of breast cancer? Yes____ No____ If yes, please list family members and their age at diagnosis. _____

_____

Have you had a breast biopsy: Yes____ No____ How many _____ RT or LT

Needle biopsy _____ Surgical biopsy _____ Year _____ By: Mammo / US / MRI

Were you told it was: Benign _____ Suspicious _____ Malignant _____

Lumpectomy: Yes____ No____ Year _____ RT or LT

Mastectomy: Yes____ No____ Year _____ RT or LT

Radiation to breast: Yes____ No____ Year _____ RT or LT

Breast implants: Yes____ No____ Year _____ Silicon _____ Saline _____

Have you noticed any breast changes: Yes____ No____ How long? _____ RT or LT

Current breast complaints: _____

_____

Date and location of last mammogram: _____

Date and location of last breast ultrasound: _____

First day of last menstrual period: _____ Height _____ Weight _____

Comments: _____

_____

_____

Mammo Tech Signature