



Patient History Form

Name: _____ Date of Birth: _____

How did you hear about Bay Radiology? _____

Reason for today's exam:

- Screening mammography (no symptoms or problems) **OR**
- Diagnostic mammography (problem solving exam); reason:
 - Follow-up prior imaging R L _____
 - Palpable lump R L _____
 - Nipple discharge R L _____
 - Breast pain R L _____
 - Other R L _____

Your personal history:

- Y N Have you had breast or ovarian cancer? _____
 - Y N Any other cancers? _____
 - Y N Current hormone use? _____
 - Y N Is there any chance you could be pregnant today?
- Last menstrual cycle date: _____ Age at first live birth, if applicable: _____

Your family history: Please include relatives on both your mother's (maternal) side and father's (paternal) side. Please list who is affected and age at diagnosis if known. (*Example:* Breast cancer: mother - 65, mat aunt 40s to 50s).

- Y N Family history of breast, ovarian, or uterine cancer? _____
- _____
- Y N Anyone with breast cancer in both breasts (aka bilateral)? _____
- Y N Any other cancers? _____
- _____

Your breast procedure history:

When/Result:

- Y N Biopsy – Needle or surgical R L _____
- Y N Lumpectomy or mastectomy R L _____
- Y N Radiation therapy to chest R L _____
- Y N Breast implants R L _____
- Y N Breast reduction or lift R L _____

Pt signature: _____ Date: _____

----- Lines below are for use at additional (future) visits -----

I confirm that changes to the above have been made in blue ink today:

Pt signature: _____ Date: _____

Pt signature: _____ Date: _____

Pt signature: _____ Date: _____

Pt signature: _____ Date: _____

