LAKESIDE WOMEN'S IMAGING
INTEGRIS NETWORK

**Mammography History Form/Breast Cancer Risk Assessment**

Name ______________________ Date __________ Physician ______________________

Age _____ DOB __________ Daytime Phone ______________ Previous Mammogram Location ______________

Is this a routine screening (no symptoms)? ☐ YES ☐ NO ☐ Baseline Exam Technologist ______

**Vitals:** **Weight** ______ **Height** ______

**Hormone History:** Please fill out all current and past hormone usage

| | | | | |
|---|---|---|---|---|
| Birth Control: | Currently using? | ☐ YES | Start date ________ | Stop date ________ |
| Estrogen: | Currently using? | ☐ YES | Start date ________ | Stop date ________ |
| Progesterone: | Currently using? | ☐ YES | Start date ________ | Stop date ________ |
| Tamoxifen: | Currently using? | ☐ YES | Start date ________ | Stop date ________ |

**Gynecologic History:**

Your age at 1st period ______ Age at birth of 1st child _____

Age at Menopause ______

Age at Hysterectomy ______ Age Ovaries Removed ______

**Personal Risk Factors:**

- ☐ Atypical hyperplasia
- ☐ Breast cancer/DCIS
- ☐ Lobular carcinoma in Situ (LCIS)
- ☐ Ovarian Cancer
- ☐ Genetic mutation: ☐ BRCA 1 ☐ BRCA 2
- ☐ Ashkenazi Jewish heritage

**Personal Breast Surgical /Treatment History**

Breast biopsy R L Both Date ________

Reduction Date ________

Implants Date ______ ☐ Silicone ☐ Saline

Lumpectomy/Cancer R L Both Date ________

Mastectomy R L Both Date ________

Radiation ☐ Yes

Chemotherapy ☐ Yes

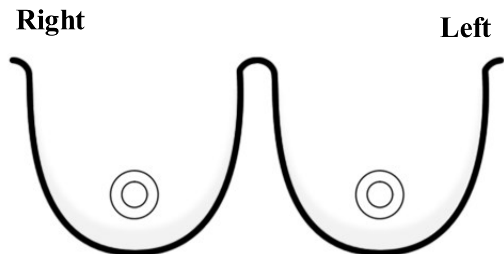
**New Breast Concerns /Problems:** ☐ **YES** ☐ **NO**

| | | |
|---|---|---|
| Lump You Can Feel | R | L |
| Breast Pain | R | L |
| Nipple Discharge | R | L |
| Nipple Inversion | R | L |

**Family Cancer History:**

| Relative | Breast | Ovarian | Age at Diagnosis |
|---|---|---|---|
| Mother | ☐ | ☐ | ________ |
| Sister | ☐ | ☐ | ________ |
| Daughter | ☐ | ☐ | ________ |
| Maternal Grandmother | ☐ | ☐ | ________ |
| Paternal Grandmother | ☐ | ☐ | ________ |
| Maternal Aunt | ☐ | ☐ | ________ |
| Paternal Aunt | ☐ | ☐ | ________ |
| Maternal Cousin | ☐ | ☐ | ________ |
| Paternal Cousin | ☐ | ☐ | ________ |
| Other ________ | | | ________ |

**Right** **Left**



**Comments:**

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