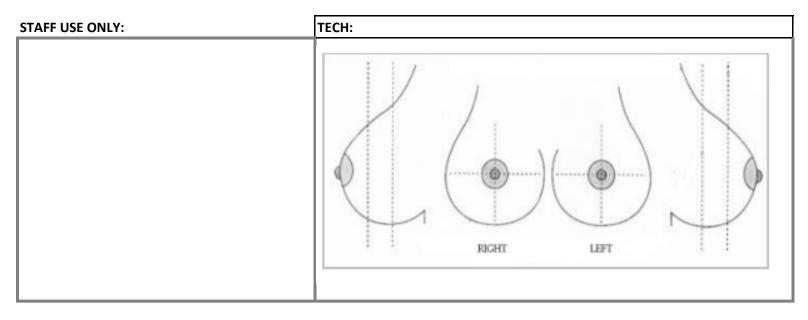
MAMMOGRAPHY QUESTIONNAIRE

Today's Date:



Patient Name:				DOB		AGE:
Previous Mammography:	YES	\bigcirc	NO	0		
Location:			Dates			
Your Age at 1st Period Your Age at 1st Full-Term Pregnancy:						
Are You Taking Hormones?			YES	\bigcirc	NO 🔿	
Menopause Status	ON	ot Yet	OCurrently g	oing through	Completed	Age Completed:
Ashkenazi Jewish Ancestry			YES	\bigcirc	NO 🔿	
Significant Weight Loss			YES	\bigcirc	NO 🔿	
Significant Weight Gain			YES	\bigcirc	NO 🔿	
Breast Implants	LEFT	\bigcirc	RIGHT	\bigcirc		
Breast Reduction	YES	\bigcirc	NO	\bigcirc		
Prior Mastectomy	LEFT	\bigcirc	RIGHT	\bigcirc		
New Breast Concern:	YES	\bigcirc	NO	\bigcirc	For How Long?	
Lump	LEFT	\bigcirc	RIGHT	\bigcirc		
Pain (Focal - One Spot)	LEFT	\bigcirc	RIGHT	\bigcirc		
Nipple Discharge	LEFT	\bigcirc	RIGHT	\bigcirc	White/Bloody/Clear	Out of ONE or MULTI Nipple openings?
Other:	LEFT	\bigcirc	RIGHT	\bigcirc	Description:	
Previous Biopsy	LEFT		Previous Biopsy		RIGHT	
Benign	(С	Benign		\bigcirc	
Malignant	(С	Malignant		\bigcirc	
Mastectomy	(С	Mastectomy		\bigcirc	
Lumpectomy	(С	Lumpectomy		\bigcirc	
Radiation	(С	Radiation		\bigcirc	
Chemotherapy	(С	Chemotherapy		\bigcirc	
Excisional Biopsy	(С	Excisional Biopsy	,	0	
Family History Of Breast Cancer and/ or Ovarian Cancer (check all that apply)						
Relative	AGE	(S)	1 BREA	ST	BOTH BREASTS	OVARIAN
Maternal Grandmother			_ ()	\bigcirc	\bigcirc
Paternal Grandmother			_ ()	\bigcirc	\bigcirc
Mother			()	0	0
Maternal Aunt			_ ()	\bigcirc	\bigcirc
Paternal Aunt			_ ()	\bigcirc	\bigcirc
Sister			_ ()	\bigcirc	\bigcirc
Daughter)	0	0
Genetic Testing - Self?	YES	C) NO	\bigcirc		
Self-Test Result:	Negative	e () BRCA1	\bigcirc	BRCA2 🔘	
Tested Family Member?	YES	C) NO	\bigcirc	WHO:	
Results:	Negative	e C) BRCA1	\bigcirc	BRCA2	
			PID:			



Mammography Questionnaire_Updated 06.12.2025