REAGAN DIAGNOSTICS

2878 Five Forks Trickum Rd, Suite 1A, Lawrenceville, GA 30044

Direct Line: 678-221-8000 Direct Fax Orders: 678-387-2300

MAMMOGRAPHY SCREEN FORM

Patient's name: _____ Date: _____

Address: _____

DOB: _____ SSN: _____

Email address: _____ Mobile phone: _____

☐ Have you had a prior Mammogram? ☐ YES ☐ NO If Yes, When _____ Where _____

☐ Are you PREGNANT now or is there a possibility that you could be pregnant? ? ☐ YES ☐ NO

☐ How many children have you had? _____ How old were you when you had your first child? _____

☐ Have YOU had Cancer of the _____Breast _____Uterus _____Ovaries _____Other _____None

☐ Do you have a Family History of Cancer? ☐ YES ☐ NO If Yes, Mother's age at diagnosis _____

Sister's age at diagnosis _____ Daughter's age at diagnosis _____ Maternal Grandmother's age at diagnosis _____

Maternal Aunt's age at diagnosis _____ Maternal Cousin's age at diagnosis _____

☐ Any Male member of the family with diagnosis of Breast Cancer? ☐ YES ☐ NO If yes, relationship _____

☐ At what age did you start your periods? _____ Do you still have your periods? ☐ YES ☐ NO

☐ Have you had a hysterectomy? ☐ YES ☐ NO Do you take hormones? ☐ YES ☐ NO

☐ Are you having any NEW breast problems NOW? ☐ YES ☐ NO If YES, mark the problems below:

1. Distinct lumps in either breasts? ☐ RIGHT ☐ LEFT
2. Lumpiness (fibrocystic changes)? ☐ RIGHT ☐ LEFT
3. Discomfort, pain or soreness? ☐ RIGHT ☐ LEFT
4. Discharge from nipples? ☐ RIGHT ☐ LEFT

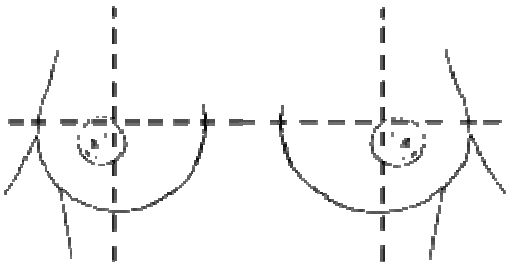
Please mark if you have previously had any of the Breast Procedures below ☐ YES ☐ NO

1. Needle biopsy- ☐ RIGHT ☐ LEFT When _____
2. Surgical biopsy ☐ RIGHT ☐ LEFT When _____
3. Cyst aspiration ☐ RIGHT ☐ LEFT When _____
4. Implants When ☐ RIGHT ☐ LEFT _____
5. Reduction ☐ RIGHT ☐ LEFT When _____
6. Lumpectomy ☐ RIGHT ☐ LEFT When _____
7. Mastectomy ☐ RIGHT ☐ LEFT When _____
8. Radiation ☐ RIGHT ☐ LEFT When _____

I hereby declare that the information provided in this form is true and complete to the best of my knowledge.

Patient's Signature: _____

Tech: _____Rhonda Cain, RT(R)(M)



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