

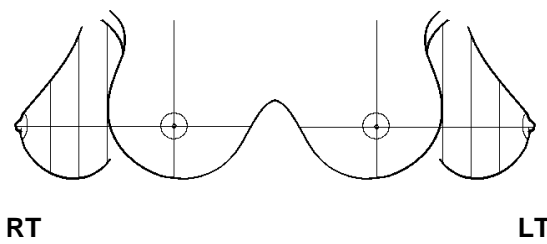
# Evergreen Breast Center

**Patient Name:** \_\_\_\_\_ **MR#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason for Exam:**

- Routine screening exam
- Additional exam requested from a prior study
- Short-term interval follow-up requested from a prior study
- Personal history of breast cancer - Routine lumpectomy follow-up
- I am having the following NEW problem(s)** **(Mark location on diagram)**

- Thickening
- Nipple discharge/problem
- Pain
- Implant problem
- Abnormality felt by your physician



**Current weight:** \_\_\_\_\_ lbs  
 Any change in weight since last mammogram?  No  Yes (↑ ↓) \_\_\_\_\_ lbs

**Date of last menstrual cycle** ( \_\_\_\_\_ )

**Currently taking Estrogen?**  
 No  Yes (Any change since last mammogram? (↑ ↓))

**Family history of BREAST cancer? ( No )**

- Myself Age \_\_\_\_\_ Year diagnosed \_\_\_\_\_
- Mother Age \_\_\_\_\_
- Sister Age \_\_\_\_\_
- Other Relative (whom?) \_\_\_\_\_ Age \_\_\_\_\_

**Personal history of cancer? ( No)**  
 Type \_\_\_\_\_ Age \_\_\_\_\_

**Gail Risk Assessment**

**Race:**  White  Black  Asian

**Age:** \_\_\_\_\_

**Age first menses:** \_\_\_\_\_

**Age first live birth:** \_\_\_\_\_

**Number of mothers/sisters/daughters with breast cancer:** \_\_\_\_\_

**Number Prev. biopsies:** \_\_\_\_\_

**Biopsies with atypia:**  Yes  No

**Previous mammograms?**  **First mammogram (baseline)**  
 **Yes** When/where? \_\_\_\_\_

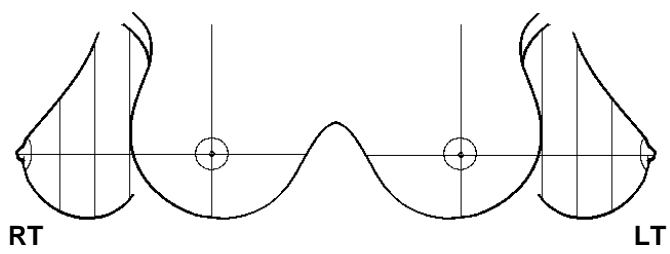
Do you perform **Monthly Breast Self Exam?**  *Never*  *Occasionally*  *Monthly*

**Date of last breast exam by your primary care provider** \_\_\_\_\_ **Initial:** \_\_\_\_\_ **Patient**

## -----For Technologist Use Only-----

**Breast Procedure History** (Include YEAR and LOCATION on diagram)

- Surgical Biopsy
- Core Biopsy
- Lumpectomy (XRT  Yes  No)
- Mastectomy
- Reduction Mammoplasty
- Implants ( Saline  Silicone)



**Initial:** \_\_\_\_\_ **Technologist** \_\_\_\_\_ **MACHINE DISINFECTED**