

**NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ Are you or could you be pregnant? **No** **Yes**

Date (Month/Year) \_\_\_\_\_ of **last physical breast exam** by your physician

**Most Recent Breast Imaging**

Please circle

**NONE** or

Mammogram: Date: \_\_\_\_\_ Facility: \_\_\_\_\_

Ultrasound: Date: \_\_\_\_\_ Facility: \_\_\_\_\_

MRI: Date: \_\_\_\_\_ Facility: \_\_\_\_\_

**Current Breast Problems**

Please circle

**NONE** or

Lump **Right** **Left**

Tenderness-Not related to menstrual cycle **Right** **Left**

Nipple Discharge **Right** **Left**

Other (Injury, Skin Changes, dimpling, etc) \_\_\_\_\_

**Have you ever been diagnosed with Breast Cancer (including DCIS)?**

Please circle

**YES**→ **Right** **Left** If yes, treatment? Lumpectomy \_\_\_\_\_ Year \_\_\_\_\_

**NO**→ Please complete risk assessment questionnaire also Mastectomy \_\_\_\_\_ Year \_\_\_\_\_

Radiation \_\_\_\_\_ Year \_\_\_\_\_

**Prior Benign Breast Surgery or Procedure**

**NONE** or Needle Core Biopsy **Right** **Left** Year \_\_\_\_\_ Facility: \_\_\_\_\_

Surgical Biopsy **Right** **Left** Year \_\_\_\_\_ Facility: \_\_\_\_\_

Cyst Drained **Right** **Left** Year \_\_\_\_\_ Facility: \_\_\_\_\_

Reduction **Right** **Left** Year \_\_\_\_\_ Facility: \_\_\_\_\_

Implants **Right** **Left** Year \_\_\_\_\_ Facility: \_\_\_\_\_

**Do you have a history of Hodgkin's Disease treated with chest radiation therapy?** **NO** **YES**

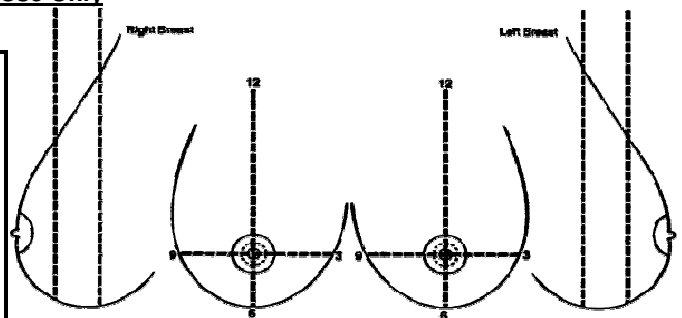
**PATIENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Thank you for the information you have provided. You will receive a letter from us in about 2 weeks with information concerning the results of today's exam. If you have any questions, please ask the technologist performing your exam.

**Technologist's Use Only**

Lifetime risk \_\_\_\_\_ %  
Lifetime population risk \_\_\_\_\_ %  
Probability BRCA 1 \_\_\_\_\_ %  
Probability BRCA 2 \_\_\_\_\_ %

Density used for Calculation (circle):  
a b c d





## MAMMOGRAPHY Preliminary Results Notification

**This Option** allows you to be called with the results of your exam within 24 hours of the day the exam is performed. There is no fee associated with this notification.

**Please note:** a letter will be mailed to you with your results whether or not you choose this notification option.

**Your Signature** on this document signifies your agreement to participate in **or** to decline the Preliminary Results Notification option.

I **DO** want to participate in the Preliminary Results Notification option.

I **DO NOT** want to participate in the Preliminary Results Notification option.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**If you would like this notification option, please provide contact information**

Phone: \_\_\_\_\_

**I agree** to allow CRA Medical Imaging to leave my results

[ ] on my answering machine

[ ] with the individual who answers the phone

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*Comparison of previous studies is essential for accurate interpretation of your exam. CRA Medical Imaging may postpone delivery of preliminary results if previous mammography studies are not available for appropriate comparison by the radiologist.*

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### For CRA Employee Use Only

Results Communicated to Patient:      Date \_\_\_\_\_ Time \_\_\_\_\_

**OR**

Patient Unavailable, Left Message With: \_\_\_\_\_

Employee Initials \_\_\_\_\_