

NAME: _____

Date of Birth: ____/____/____

Are you or could you be pregnant? **No** **Yes**

Date (Month/Year) _____ of **last physical breast exam** by a healthcare provider

1. Most Recent Breast Imaging: complete below or **NONE**

Mammogram: Date: _____ Facility: _____

Ultrasound: Date: _____ Facility: _____

MRI: Date: _____ Facility: _____

2. Are you CURRENTLY experiencing any symptoms: ☐ No ☐ Yes

If yes, please specify: _____

Are these symptoms **NEW**: ☐ No ☐ Yes

3. Have you ever had an invasive breast procedure? If yes, please check all that apply: ☐ **NO**

Needle Core Biopsy **Right** **Left** Year _____ Facility: _____ Results _____

Surgical Biopsy **Right** **Left** Year _____ Facility: _____ Results _____

Cyst Drained **Right** **Left** Year _____ Facility: _____

Reduction **Right** **Left** Year _____ Facility: _____

Implants **Right** **Left** Year _____ Facility: _____

4. Have you ever been diagnosed with Breast Cancer (including DCIS)? Please circle

NO→ Please complete risk assessment questionnaire also

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

Mastectomy _____ Year _____

Radiation _____ Year _____

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

6. Recent vaccines (in the last 30 days): N/A or Type: _____ Date: _____ ☐ Right side ☐ Left side

PATIENT'S SIGNATURE: _____ **DATE:** _____

Your signature indicates the information is accurate and answered to the best of your ability

Technologist's Use Only

Lifetime risk _____%

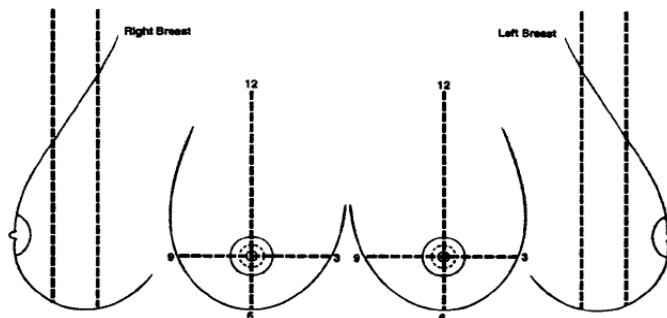
Lifetime population risk _____%

Probability BRCA 1 _____%

Probability BRCA 2 _____%

Updated:4/2026

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





BREAST IMAGING RESULTS

CRA Medical Imaging will mail your Breast Imaging results to you. Your imaging results will also be sent to your ordering provider. For faster access, you may sign up with our patient portal.

Please note: If you're not yet enrolled, stop by our front desk to provide your email address so we can help you sign up for the patient portal.

If additional breast imaging is needed, please provide a contact number for us to call.

Phone: _____

Date: _____

I authorized CRA Medical Imaging to leave my results:

☐ on my answering machine/voicemail

☐ with the individual who answers the phone

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

TECHNOLOGIST ONLY:

DATE:

ACCESSION#: