31 NORTH IMAGING GROUP --- BREAST MRI QUESTIONNAIRE

NAME: _____ D.O.B. _____ DATE: _____

Reason for Breast MRI _____
_____

CURRENT BREAST PROBLEMS
Do you have a palpable lump or mass? YES NO
Which side? R L
Do you have nipple discharge? YES NO
Which side? R L color: _____

IMPLANTS
Do you have breast implants? YES NO
Saline or Silicone? _____
Date of implants? _____

PERSONAL HISTORY
Are you pregnant? YES NO
When was your last menstrual period? _____
(day 1)

PREVIOUS IMAGING STUDIES

Most recent mammogram
Date _____
Location_____
Results_____

Most recent ultrasound
Date _____
Location_____
Results_____

Most recent breast MRI
Date _____
Location_____
Results_____

BREAST HISTORY
Do you have personal history of breast cancer?
YES NO
If so when? _____ Side? R L Type? DCIS Infiltrating (other) _____
Side? R L Type? DCIS infiltrating (other) _____

BREAST SURGERY
None Biopsy R Date _____ results_____ L Date _____ results _____
R Date _____ results _____ L Date _____ results _____

Lumpectomy R Date _____ L Date _____
R Date _____ L Date _____

Mastectomy R Date _____ L Date _____
Reduction R Date _____ L Date _____

MEDICAL HISTORY
Do you have a personal history of Ovarian Cancer? YES NO Family history ovarian CA YES NO
Do you have a personal history of Hodgkin's Disease? YES NO Family history Hodgkin's YES NO
Do you have a history of any other cancer? YES NO Type _____

THERAPY
None Radiation Date _____
Chemotherapy Date _____

FAMILY HISTORY OF BREAST CANCER
None Mother Sister Daughter Aunt Grandmother
Age _____ _____ _____ _____ _____

HORMONES

Do you take hormones?
Type? _____ Type? _____
Currently using? YES NO Currently using? YES NO
How long? _____ How long? _____