



HEART OF TEXAS HEALTHCARE SYSTEM

2008 Nine Road • Brady TX 76825-1150 • 325.597.2901

MAMMOGRAPHY HISTORY SHEET

Note: If there is deodorant or powder on your breast or on your underarms, please wash it off before you have a mammogram. Ask the technologist for help if you need it.

NAME: _____ DATE OF BIRTH: _____ AGE: _____
REFERRING M.D.: _____ DATE OF EXAM: _____

- 1. Have you had a mammogram before? NO YES Where/When? _____
- 2. Have you had a breast ultrasound before? NO YES Where/When? _____
- 3. Is this mammogram routine? NO YES

Reason for mammogram: _____
(lump, discharge, retraction, thickening, pain?)

- 4. When was your last breast exam performed by a physician? _____
- 5. If you have not had a breast exam by a physician in the past year, when is your next appointment with a physician? _____

- 6. Is there a history of breast cancer in your family? NO YES What age?
 - ___ Myself _____
 - ___ Mother _____
 - ___ Sister _____
 - ___ Grandmother _____
 - ___ Other _____

- 7. Have you had a child? NO YES
Age at first birth? _____

- 8. Do you, or have you used hormones? NO YES
(Estrogen, Premarin, Provera) Which type? _____
How long? _____
Still using? _____

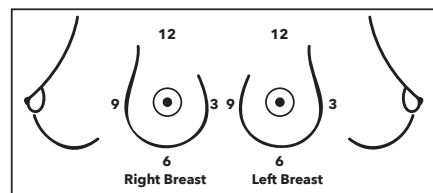
- 9. Have you breast fed within the past 3 months? NO YES
- 10. Have you had a weight change of more than 20lbs in the last year? NO YES
- 11. Have you had trauma to your breasts to cause black/blue marks? NO YES

I request and authorize a copy of this report sent to: _____

PATIENT SIGNATURE: _____

TO BE FILLED OUT BY THE TECHNOLOGIST

Name of exam: _____
 Pregnant? _____
 Check: Breast surface (including medial, inferior)
 Nipples: Inverted: ___ Discharge: ___ How long? _____
 Breast size discrepancy: ___ Which? _____



History of prior breast surgery or aspiration (reason, place, date): _____
 Do you know the results? _____
 Reason for added views: _____
 Comment: _____
 Technologist signature: _____