UVA Health
Outpatient Imaging Culpeper

Breast History Questionnaire

Name: _____ Age: _____

Date of Birth: _____ Daytime Phone #: _____

Reason for exam, please circle: Screening Follow up Lump Pain

If Screening, do you have a physician order? NO YES
If NO, have you seen your physician within two years? NO YES
If NO, Virginia guidelines require you see your ordering provider within two years of a self-requesting mammogram. We will need to reschedule your appointment once you have seen your provider.

Please give details for your symptoms (Which side/ duration of pain or lump/ can you feel the lump):

_____

Have you ever had a mammogram? NO YES If yes, where: _____Date: _____

Number of pregnancies: _____ Number of deliveries: _____Your age at first full term pregnancy: _____

Still having menstrual periods? NO YES If yes, date of last period: _____Age of first period: _____

Age of menopause: ____Are you on hormone replacement therapy? NO YES If yes, how long: _____

Age of hysterectomy/oophorectomy: _____

- Breast Reduction NO YES Date of surgery: _____
- Breast Implants NO YES Date of Implants: _____
- Breast Biopsy NO YES If yes, What side: Date: _____
- Breast Cancer NO YES Date of Diagnosis: _____
- Lumpectomy (For cancer) NO YES If yes, What side: Date: _____
- Mastectomy NO YES If yes, What side: Date: _____
- Breast Radiation treatments NO YES Date of last treatment: _____
- Breast Chemotherapy NO YES Date of last treatment: _____
- ANY other type of cancer NO YES If yes, What type: Date: _____

Any of the following family members been diagnosed with BREAST Cancer?

- Mother NO YES If yes, age diagnosed: _____
- Sister NO YES If yes, age diagnosed: _____
- Daughter NO YES If yes, age diagnosed: _____

- **Has any other blood relatives diagnosed with breast cancer?**
  _____
- **Has any other blood relatives been diagnosed with OTHER TYPE of cancer?**
  _____

We regret any discomfort you may experience as a result of the breast compression required for your mammogram. The compression improves the images obtained and reduces the amount of radiation exposure. Though a mammogram does help to detect breast cancer, approximately 10-15% of breast cancers are not detected by mammograms, therefore it is important for you to do regular breast self-examinations and see your doctor for physical exams. A report of this exam will be sent to your physician. You will follow up with your physician. You will receive a summary letter from our facility.

Patient Signature: _____Date: _____