

MAMMOGRAPHY QUESTIONNAIRE

1. My last mammogram was on: _____ Previous images available: yes no

Today is the _____ day of my cycle (calculated from the first day of period) / menopause for _____

2. I have complaints _____ yes no

Pain Shrinkage Breast enlargement Skin change/reddening

Tangible lumps Discharge Pulling

Where? Please provide a sketch



3. Breast diseases _____ yes no

If so, when: _____ which side: _____ which disease: _____

4. Brustoperation _____ yes no

If so, when: _____ which side: _____ benign malignant Implantation

Post-treatment: Chemotherapy Radiation Anti-Hormone therapy None

5. Breast cancer in the family _____ yes no

If so, who: Daughter Mother Sister Grandmother Aunt / Cousin

Age at onset: _____

6. Abdominal surgery _____ yes no

If so, when: _____ which: _____ benign malignant

Post-treatment: Chemotherapy Radiation Anti-Hormone therapy None

7. Abdominal cancer in the family _____ yes no

If so, who: Daughter Mother Sister Grandmother Aunt / Cousin

8. My last bone densitometry was _____

9. I am currently taking hormones _____ yes no

If so, which: _____ Since: _____

10. For women of childbearing age: Could you be pregnant? _____ yes no

I confirm that I have read and understood the text.

Date _____ Patient's signature or name/signature of accompanying persons _____ Signature of informant _____