Mammography Scheduling Questionnaire

Patient's Name:		Date:	Daytime Phone:
Patient r	must be 40 years of age or older without complaints.	Males of any age shoเ	uld be scheduled through their health care provider.
Date of I	last mammogram (Routine M	ammograms may not	be scheduled prior to 12 months from last mammogram)
Does the	ne patient have any of the following (answer yes or no)?	?	
	Lump in breast		
	Skin thickening or discoloration		
· ·	Skin dimpling		
	Nipple discharge other than breast milk (blood	y, clear, black, brown)	
	Nipple retraction		
	Focal persistent area of pain		
	Personal history of breast cancer treated with a	lumpectomy	
	Breast Implants		
· · · · · · · · · · · · · · · · · · ·	Directed by provider or radiology to follow up i	n 6 months from last i	mammogram
	Immediate family member with a pre-menopaus	sal breast cancer histo	ory
NOTES: E	Breast feeding women should not have a mammogram	until 6 months after	they have stopped feeding.
	Patients should not wear deodorant, powder or lotion	the day of the mamme	ogram.
	Children are not allowed in the mammography room, o	annot be left in the w	aiting area or with staff members.
1	Patient with prior mammograms, must bring them to the	ne current mammogra	ım appointment or initiate the process of requesting them