Battlefield Imaging
4700 Battlefield Pkwy, Ste 100
Ringgold, GA 30736

MAMMOGRAPHY QUESTIONNAIRE & DATA ENTRY FORM

Patient Name: _____ Date of Birth: _____ Age: _____
Patient Address: _____ Phone #: _____ X-Ray #: _____
_____ Referred by: _____

Reason for Today's Mammogram:
[S] screening (check-up)
[A] follow-up of previous findings
[P] problem as indicated

Problems:

	right	left	both
[L] evaluation of a lump	____	____	____
[P] pain in breast	____	____	____
[D] drainage/discharge	____	____	____

Have you ever had a mammogram before? _____Y _____N
If yes, what was the most recent year? _____
At what hospital or office? _____
Do you take hormones (premarin, estrogen, b/c) _____Y _____N
Are you post menopausal? _____Y _____N
Have you ever had a hysterectomy? _____Y _____N
Do you still have at least one ovary? _____Y _____N

Please check if you have had any of the following:

	right	left	both
____Breast Biopsy	____	____	____
____Mastectomy	____	____	____
____Lumpectomy	____	____	____
____Radiation Treatment	____	____	____
____Cyst Aspiration	____	____	____
____Injury w/ Bruising	____	____	____
____Breast Implants	____	____	____
____Breast Reduction	____	____	____

Please check if any of your relatives have had breast cancer, and list their approximate age at the time of diagnosis:
____Grandmother___ ____Mother_____ ____Aunt_____
____Daughter_____ ____Sister_____ ____Cousin_____

At what age was your first pregnancy? _____
(enter N/A if you have never been pregnant)

Have you ever had a gynecological cancer? _____Y _____N

FOR STAFF USE ONLY

Procedure: [M-SCR] [M-DIAG] [M-UNI] [US] [AV] [MAG] [SPOT] [STFU] [MRI] OTHER:_____

Exam Date: _____

Ordered By: _____

Technologist: [RICHT] [RYANK] [BRAML] [REAGM] OTHER: _____

Ultrasound: [none] [right] [left] [both] [C] CYST [S] SOLID [I] INTERMEDIATE [N] NOT SEEN

Radiologist: [AUSTB] [BUSCJ] [HUNTG] [MCPHG] [MORRJ] [NELSJ] [SAMUL] [KEMMS] [BUSJ2]